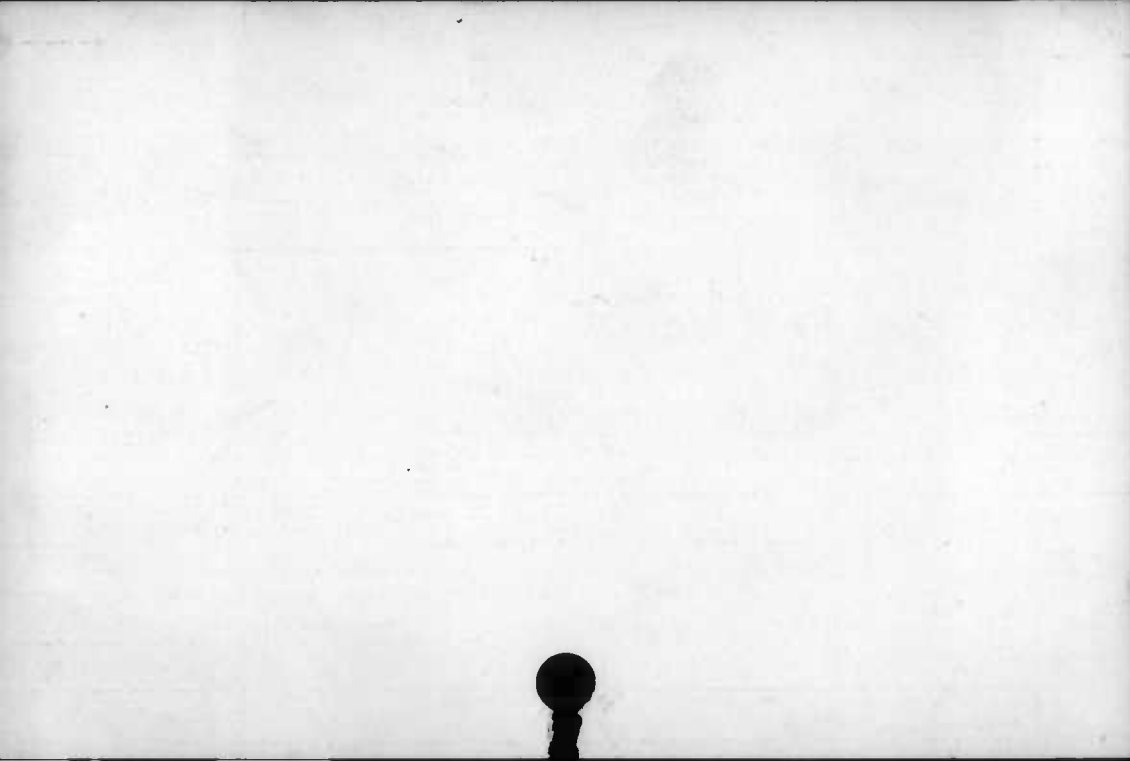


Name in Full <b>Charlie R. Baldwin</b>		CERTIFICATE OF DEATH	
Died at <b>Exeter</b> Town		<b>Pine</b> County	
Date of death <b>1908</b> Month <b>Sept</b> Day <b>2</b>		Age <b>24</b> Years Months <b>7</b> Days <b>9</b>	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Laborer</b>		Birth-place <b>Ma</b>	
Where Residing if not at place of death <b>Town</b>			
Married, Single or Widowed <b>Yes</b>		Name of Wife or Husband <b>Mrs.</b>	
Father's Name <b>Joseph R. Baldwin</b>		Father's Birthplace <b>Ma.</b>	
Mother's Maiden Name <b>Kathleen G. Hansen</b>		Mother's Birthplace <b>Ma.</b>	
Name of person giving information <b>Kathleen G. Baldwin</b>		How related to deceased <b>Mother</b>	
CAUSES OF DEATH			
Primary <b>L. Gray's Mch.</b>		How long <b>10 yrs</b>	
Immediate <b>Cardiac failure</b>		How long <b>5 minutes</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>L. H. Pye</b>	
Address <b>Laurel Md.</b>			
Accident or Suicide? <b>No.</b>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berry</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	<i>Sept</i> <sup>Month</sup>	<i>12</i> <sup>Day</sup>	Age <i>9</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup> <i>3</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
<del>Married, Single or Widowed</del> <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Davy Barnes</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary Jenkins</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>William Barnes</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Summer Bronchitis</i>	How long <i>1 month</i>
Immediate <i>Asthma</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Bausch, M.D.</i>
	Address <i>Frostville, Md.</i>
Accident or Suicide? <i>neither</i>	

River, Chapel  
Mill Barns

Name  
in  
Full

William C Boone

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Fonstville*<sup>County</sup> *Prince George*

MARYLAND

Date  
of death *1908*Month *9*Day *29*Age *32-*

Months

Days

Sex *male*Color or  
Race*white*Birth-  
place*md*

Occupation

*Farming*Where Residing if not  
at place of deathMarried, ~~Single~~*married*

Name of Wife

*Martha Boone*Father's  
Name*Henry C Boone*Father's  
Birthplace*md*Mother's  
Maiden Name*Jane Vermillion*Mother's  
Birthplace*md*Name of person giving  
In formation*Percy Jarlor*How related  
to deceased*Nephew.*

## CAUSES OF DEATH

*166*

Primary

*Guns shot wound*

How long

*immediate*

Immediate

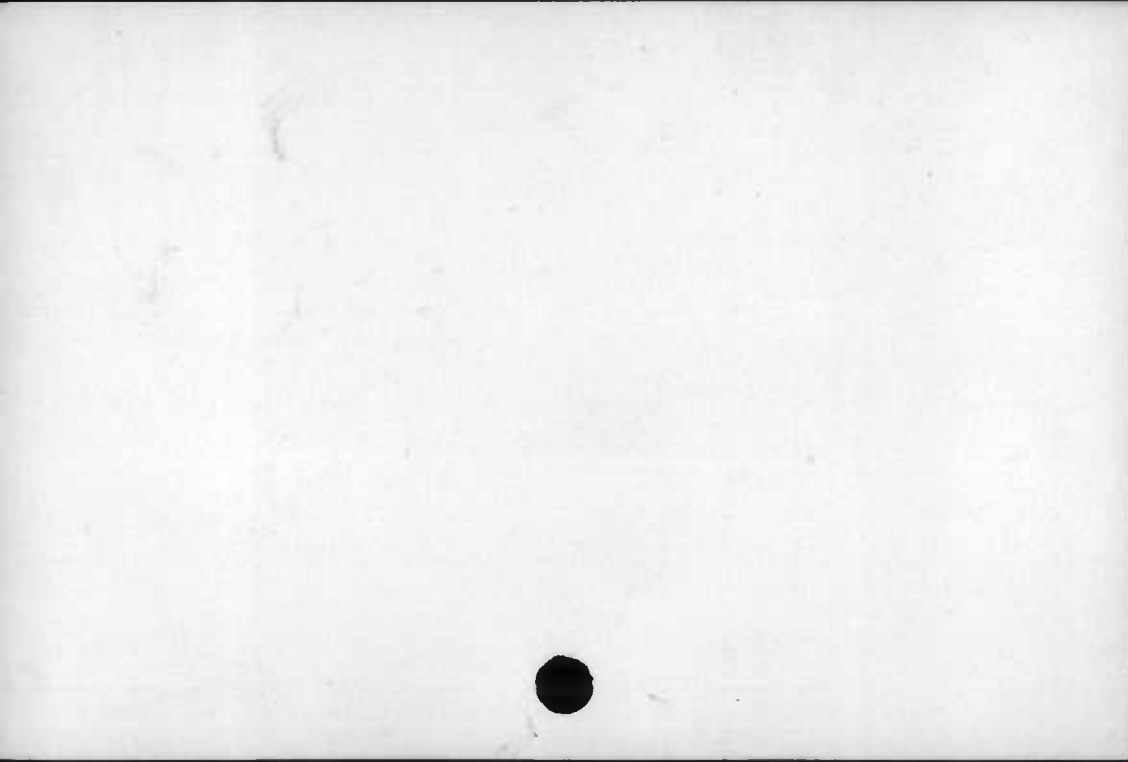
*Shock & hemorrhage*

How long

*immediate*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*John E. Smushy, M.D.*

Address

*Fonstville*Accident or ~~Suicide?~~*accident**md.*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Charles A Boswell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

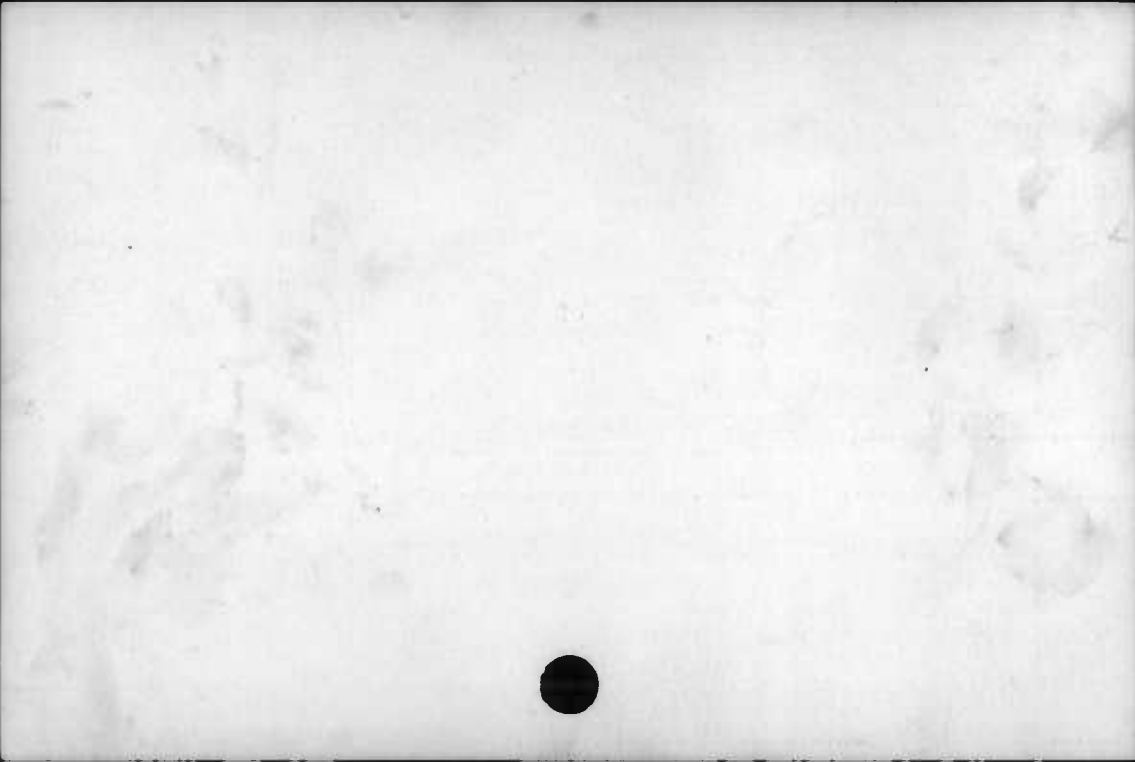
Died at <i>Int Rainier</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	<i>Sept</i> <sup>Month</sup>	<i>4</i> <sup>Day</sup>	Age <i>30</i> <sup>Years</sup>	<i>34</i> <sup>Months</sup>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Merchant</i>		Where Residing if not at place of death	<i>at place of death.</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>ella M Boswell</i>	
Father's Name	<i>Chas A. Boswell</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Ellen Roby</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Perry Boswell</i>			How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

①

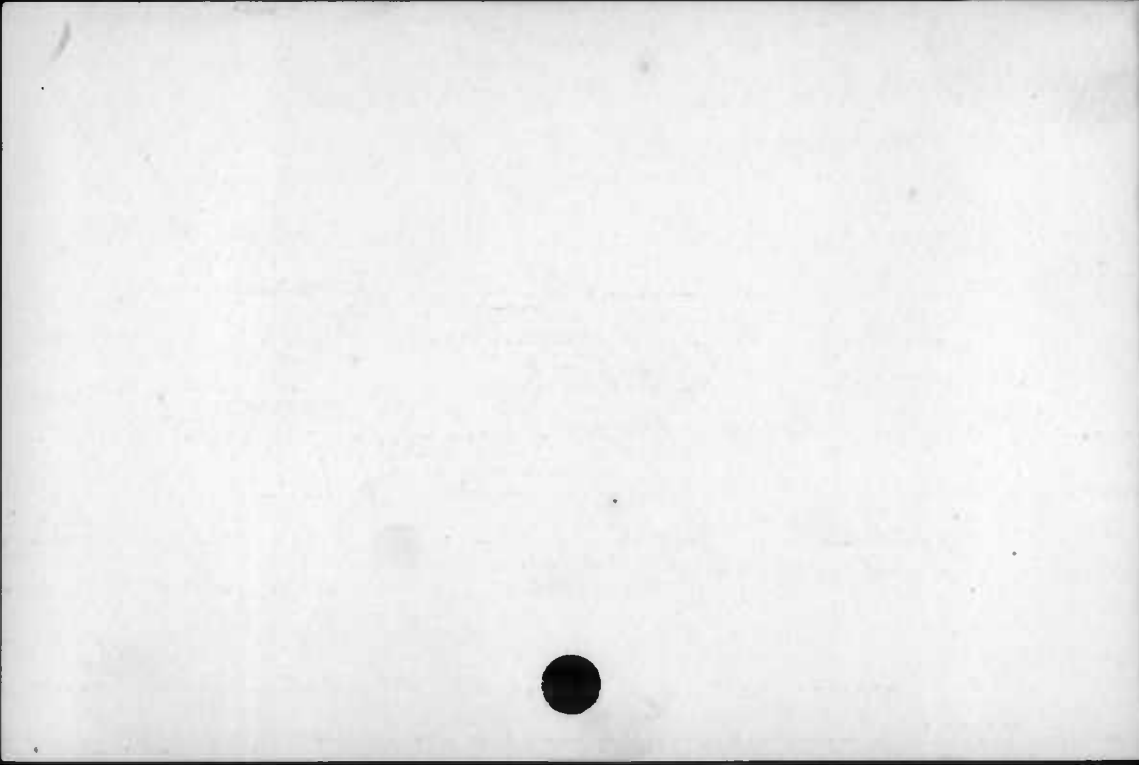
PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>2 months</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John J. Roberts</i>
Accident or Suicide?	<i>_____</i>	Address	<i>The Seward, Seward Square Washington, D.C.</i>





Name In Full		Herman Boyd				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death		1908	Month	Sept.	Day	6
	Age		Years		Months		21
	Sex		Male		Color or Race		Colored
	Birth-place		Mo		Where Residing if not at place of death		
	Occupation				Married, Single or Widowed		Single
	Name of Wife or Husband				Father's Name		Noble Boyd
Mother's Maiden Name		Eusiz Hawkins		Father's Birthplace		Mo	
Name of person giving information		Noble Boyd		Mother's Birthplace		Mo	
				How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Manusman		How long		6 weeks
	Immediate		Spharation		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John A. Coe
					Address		Z.B.
	Accident or Suicide?						Mo



Name  
in  
Full

David Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

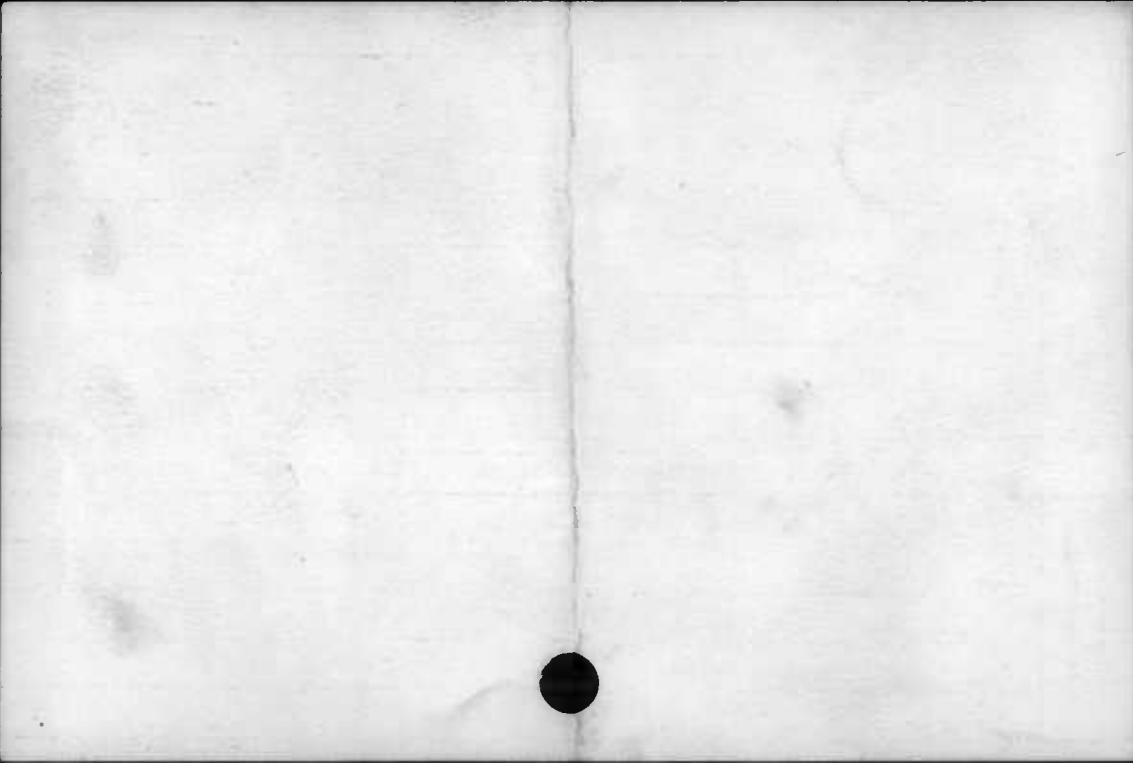
Died at <i>Lakeland</i> <sup>Town</sup>		<i>Pri. George</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>3</i>	Age	<i>51</i> <sup>Years</sup>	Months	<i>11</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Farm laborer</i>		Where Residing if not at place of death —		
Married, Single or Widowed	<i>Married</i>	Name of Wife or <del>Husband</del>	<i>Mary S. Brown</i>		
Father's Name	<i>James Thos. Brown</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Eliza Ann Giddings</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Mary S. Brown</i>			How related to deceased	<i>wife</i>

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Articular Rheumatism</i>	How long	<i>10 months</i>
Immediate	<i>Chronic Endocarditis</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. H. Stevens</i>
<i>yes</i>		Address	<i>Perwyn Ind</i>
Accident or Suicide?		—	



Name  
in  
Full

William J. Bryant

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

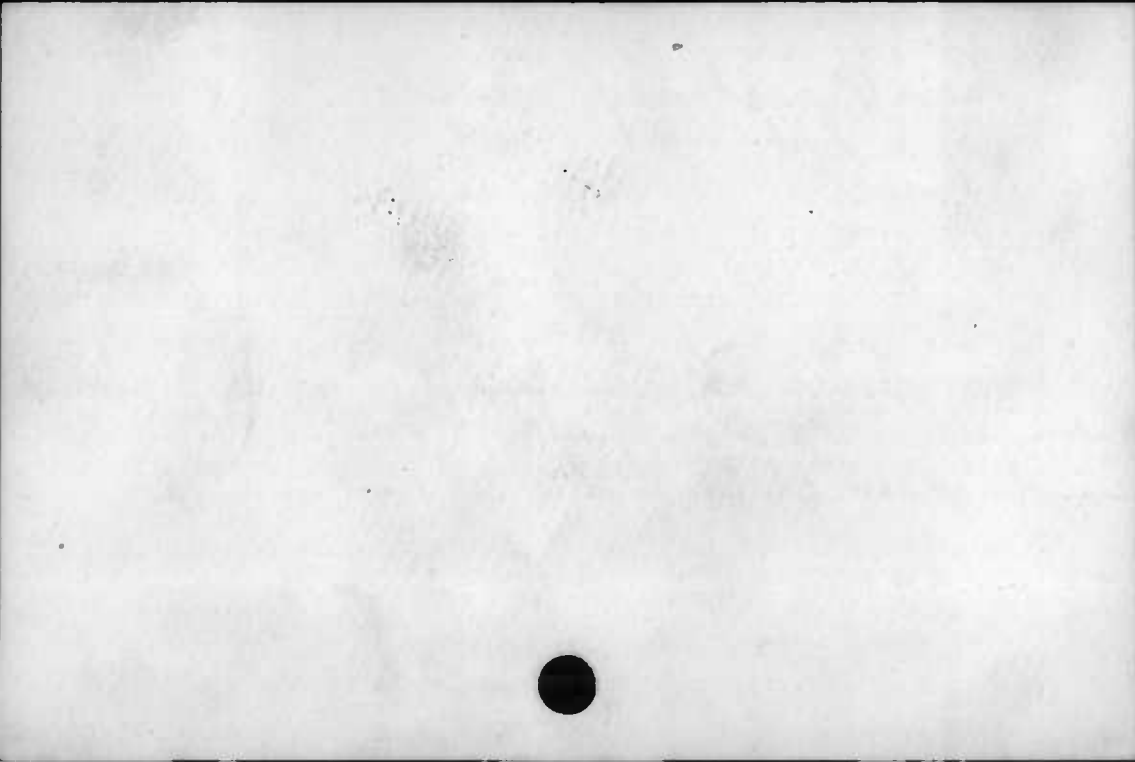
Died at <u>Berwyn</u> <sup>Town</sup>		<u>Prince George's</u> <sup>County</sup>		MARYLAND									
Date of death	1908	Month	September	Day	24 <sup>th</sup>	Age	15	Years		Months		Days	
Sex	male			Color or Race	white			Birth-place	Berwyn Md				
Occupation	none			Where Residing if not at place of death	Berwyn Md								
Married, Single or Widowed	single			Name of Wife or Husband	none								
Father's Name	George W. Bryant							Father's Birthplace	Maryland				
Mother's Maiden Name	Ella Baker							Mother's Birthplace	"				
Name of person giving information	the father							How related to deceased	Father				

## CAUSES OF DEATH

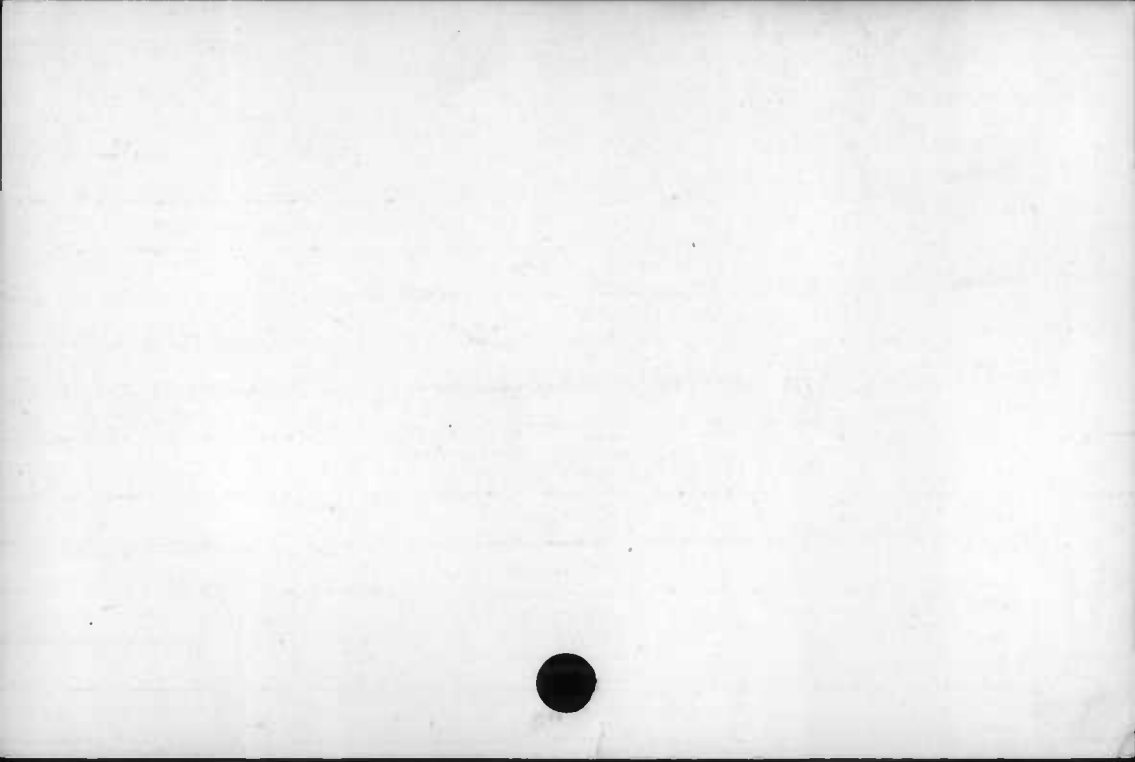
172

PHYSICIAN  
OR CORONER

Primary	<u>Accidental drowning</u>		How long	<u>                    </u>
Immediate	<u>                    </u>		How long	<u>                    </u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician	<u>John J. Burch.</u>
			Address	<u>Brown</u> <u>Berwyn, Md</u>
Accident or Suicide?		<u>                    </u>		



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died <i>near Piscataway</i>		County <i>P. Ges.</i>		State <i>MARYLAND</i>
	Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>9</i>	Age <i>97</i>	Years <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>P. Ges. C. Md.</i>	Months <i>—</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>			
PHYSICIAN OR CORONER	Father's Name <i>Henry Butler</i>		Father's Birthplace <i>Chas. Co. Md.</i>		
	Mother's Maiden Name <i>Selie Selaney</i>		Mother's Birthplace <i>P. Ges. C. Md.</i>		
	Name of person giving information <i>Henry Butler</i>		How related to deceased <i>Father</i>		
	CAUSES OF DEATH				
	<div style="display: flex; justify-content: space-between;"> <div> <p>Primary</p> <p>Immediate <i>Whooping Cough</i></p> <p>Are the name, age, sex, color, date and place correctly given above? <i>Yes</i></p> <p>Accident or Suicide? <i>9</i></p> </div> <div> <p>How long <i>8</i></p> <p>How long <i>3 weeks</i></p> <p>Signature of Physician <i>E. J. Hunt. Md.</i></p> <p>Address <i>Piscataway Md.</i></p> </div> </div>				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

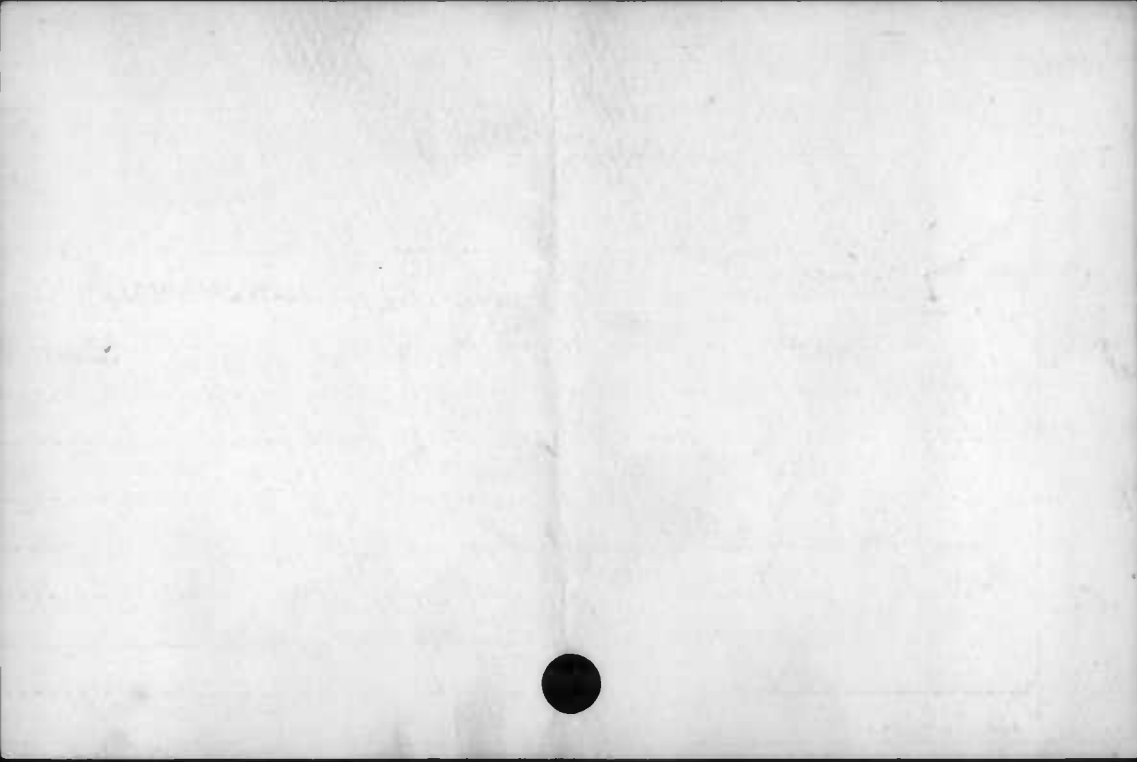
Name <del>John</del> <b>Adrian Clark</b>		Town <b>Phillips</b>		County <b>Prince George</b>		MARYLAND	
Date of death <b>1908</b>		Month <b>Sept</b>	Day <b>23</b>	Age	Years	Months <b>3</b>	Days <b>8</b>
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Phillips</b>			
Married, Single or Widowed <b>—</b>				Occupation			
Name of Wife or Husband <b>—</b>							
Father's Name <b>Hamilton E. Clark</b>				Father's Birthplace <b>Va</b>			
Mother's Maiden Name <b>Kellie F. McDonald</b>				Mother's Birthplace <b>Canada</b>			
Name of person giving information <b>Kellie F. Clark</b>				How related to deceased <b>Mother</b>			

## CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary <b>Riaphoca</b>	How long <b>Six weeks</b>
Immediate <b>Exhaustion</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Alfred T. Parsons</b>
	Address <b>Takoma Park, Md</b>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Patrick Conley

Town

Rosecroft

County

Pr. Geo.

MARYLAND

Died at

Date

of death 1908

Month

9

Day

11

Age

Years

83

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Miner

Where Residing if not  
at place of death

—

~~Married~~

Widowed

Name of Wife or  
Husband

Relict: Anne Conley

Father's  
Name

Charles Conley

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Butler

Mother's  
Birthplace

Ireland

Name of person giving  
Information

John A. Conley

How related  
to deceased

Son

## CAUSES OF DEATH

66

Primary

Paralysis

How long

15 min

Immediate

Pressure on brain

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

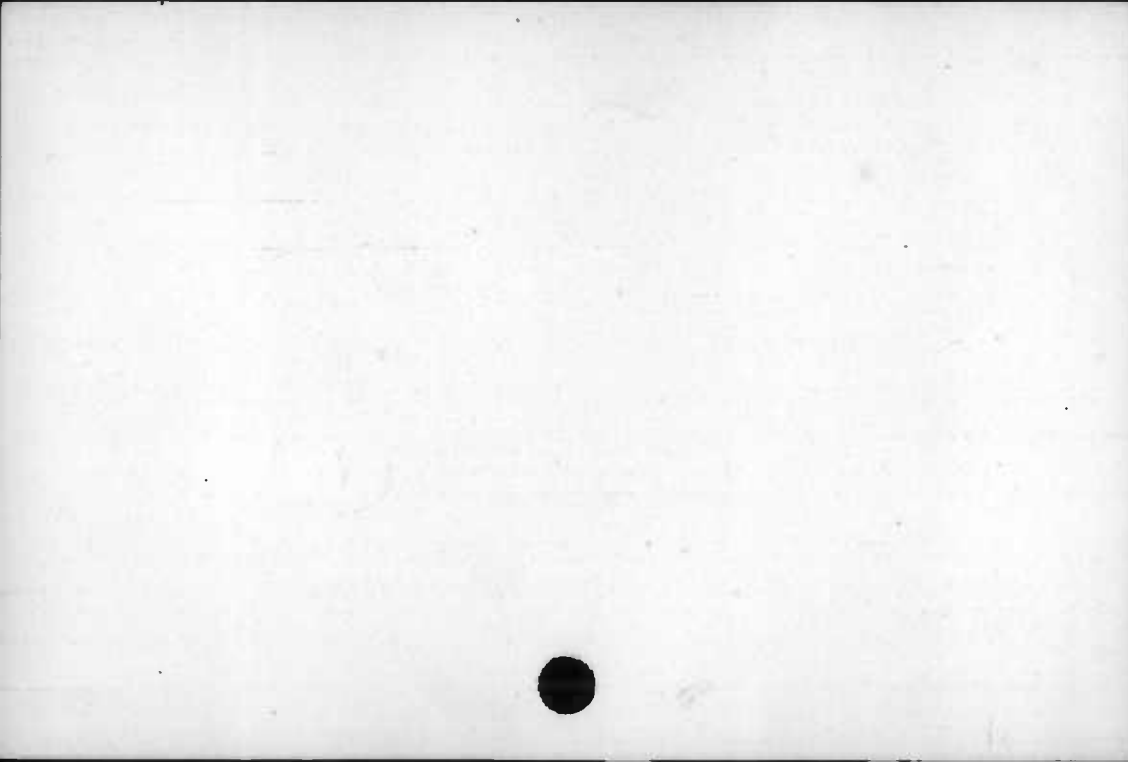
Signature of  
Physician

Address

E. P. Simpson  
Rosecroft, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

Charles H Curtis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

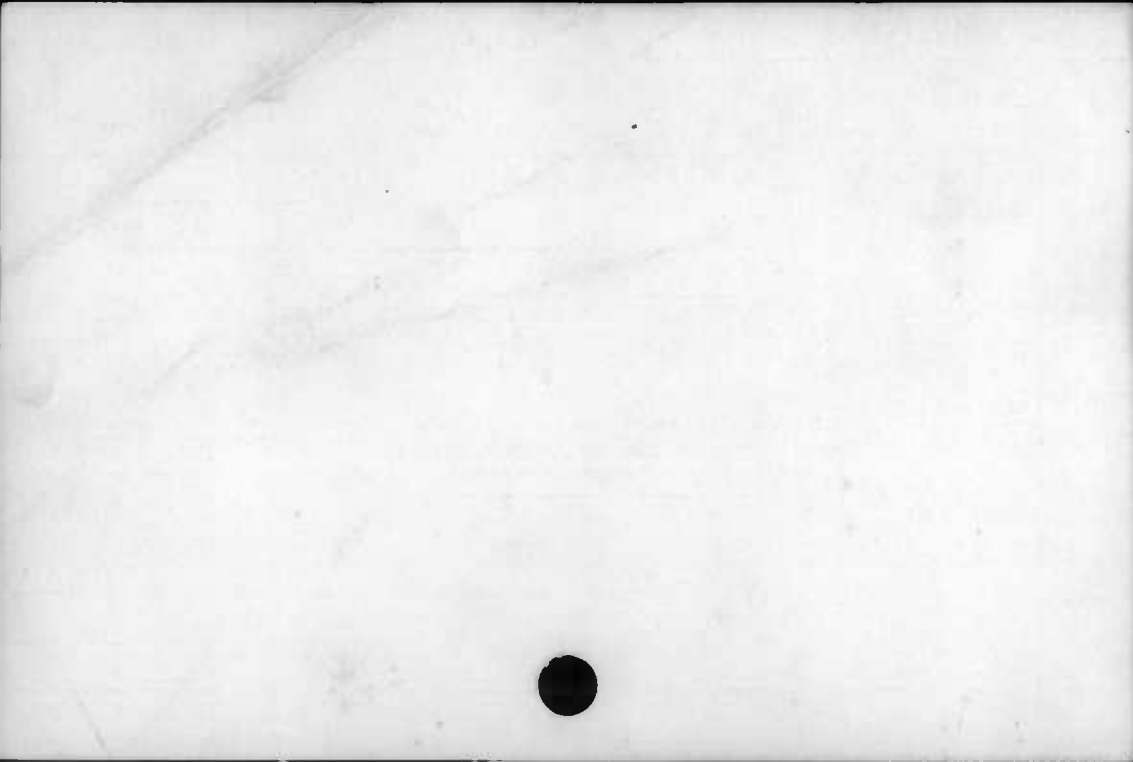
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	2	85			
Sex	male		Color or Race	Caucasian		Birth-place	md
Occupation	Farming			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Susan Curtis			
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information	Geo W. Curtis					How related to deceased	Son

## CAUSES OF DEATH

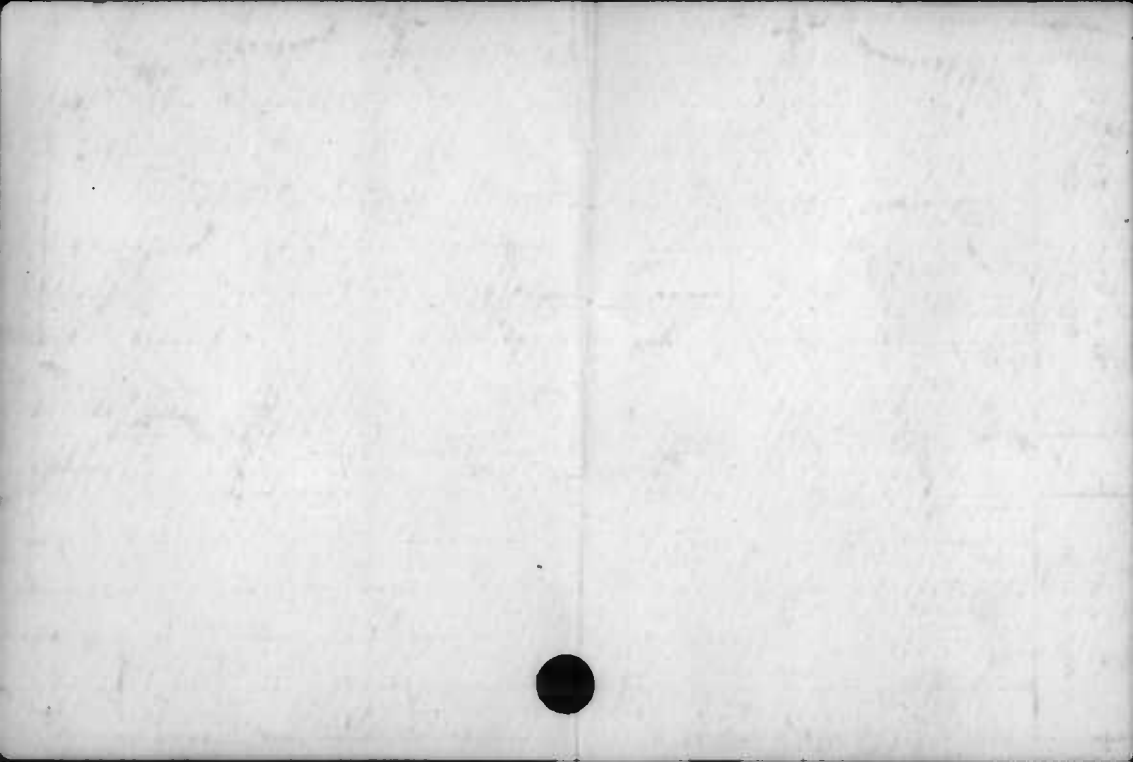
64

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	6 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Croom md	
<input checked="" type="checkbox"/> Accident or Suicide?				



Name in Full		Thomas Diggs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lanham		County Prince George		MARYLAND
	Date of death	1908	Month Sept.	Day 22	Age 60	Years	Months Days
	Sex	Male		Color or Race	Colored		
	Occupation	Farmer		Where Residing if not at place of death		Birth-place Maryland	
	Married, Single or Widowed	married		Name of Wife or Husband Georgina Robb			
	Father's Name	Jordan Diggs				Father's Birthplace	Md
	Mother's Maiden Name	Sahra Diggs				Mother's Birthplace	Md
Name of person giving information		Georgina Diggs				How related to deceased	wife
<div>CAUSES OF DEATH</div> <div>85</div>							
PHYSICIAN OR CORONER	Primary	Natural Causes				How long	9 weeks
	Immediate	Internal hemorrhage caused from lifting logs in lumber camp				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Augustus H D Baker		
	Address		Acting Coroner Bladensburg Md				
Accident or Suicide?							





Name  
in  
Full

Vincent Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marlboro</i> <sup>Town</sup>		<i>R. Lee</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i>	<i>Sept</i> <sup>Months</sup>	<i>6</i> <sup>Day</sup>	Age <i>20</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Dr Lee Co. Md</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Marion Diggs</i>			Father's Birthplace	<i>R. Lee Co</i>
Mother's Maiden Name	<i>Diggs</i>			Mother's Birthplace	<i>R Lee Co</i>
Name of person giving information	<i>Pat Diggs</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>Don't know</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Griffith</i>	
<i>Seen him Aug 15 1908</i>		Address <i>Upper Marlboro Md</i>	
Accident or Suicide? <i>15 1908 from tuberculosis</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Julia Dodson* Town *Pear Lanham Sta* County *Pearce*Date of death *1908* Month *Sept* Day *23* Age *About 60* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Md.*Occupation *Domestic* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of ~~Wife~~ Husband *Adam Dodson*Father's Name *Elias (?) Diggs*Father's Birthplace *Unknown*Mother's Maiden Name *"Lucy" (Unknown)*Mother's Birthplace *Unknown*Name of person giving information *William Dodson*How related to deceased *Son*

## CAUSES OF DEATH

40

Primary *Cancer of Liver*How long *Seen complaining for a year*Immediate *Exhaustive discharge into bowels 15 days*

How long

Are the name, age, sex, color, date and place correctly given above?

*Approximately*

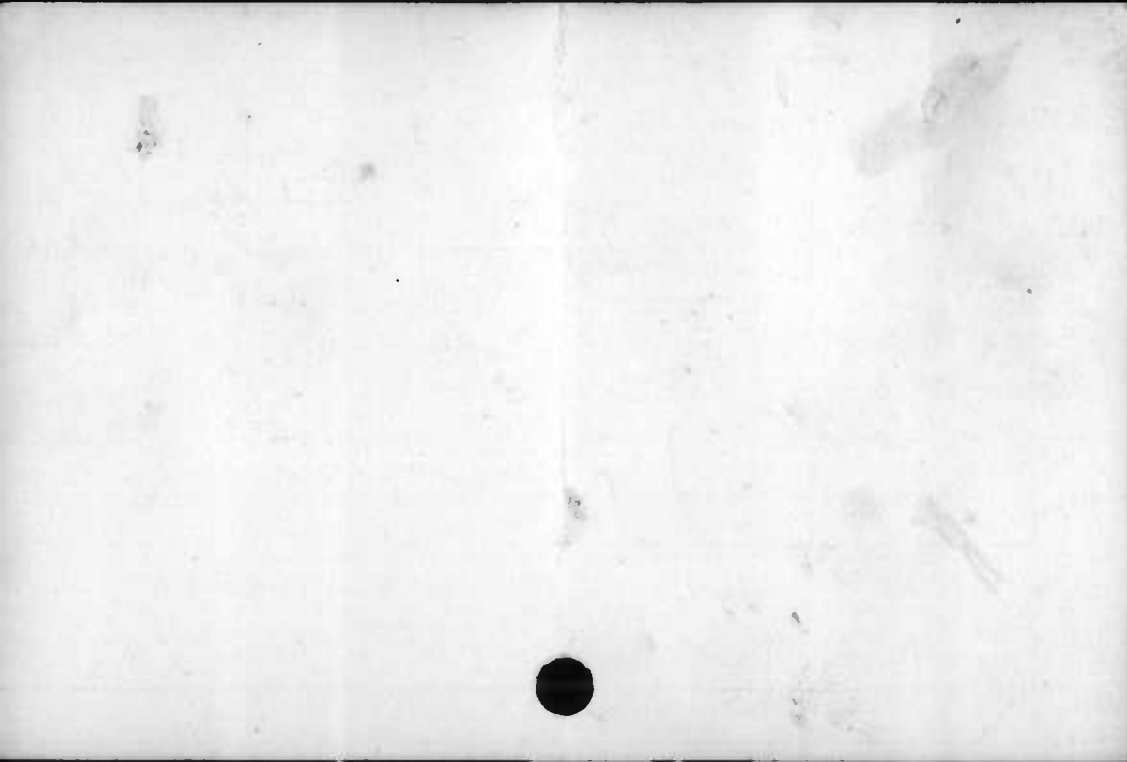
Signature of physician

*C. W. Burdall M.D.*

Address

*Hyattsville Md.*

Accident or Suicide?



Name  
in  
Full

Sarah S. Duwall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

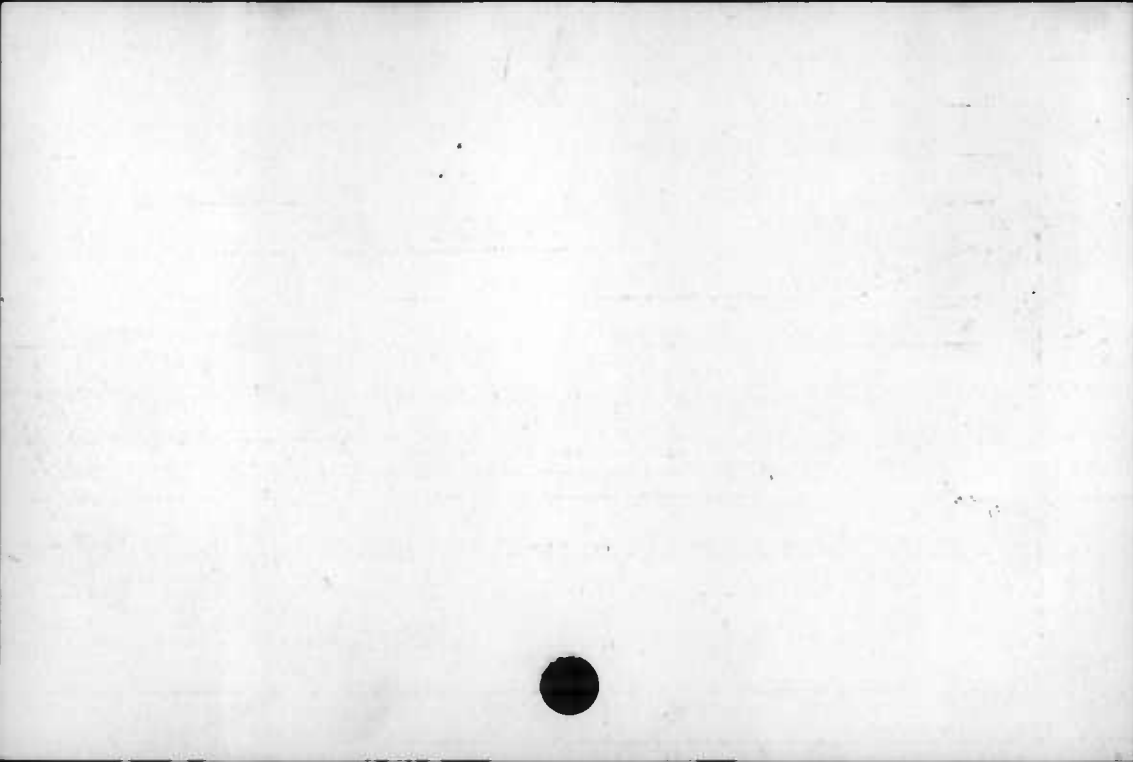
Died at		Town <i>Laurel.</i>		County <i>P. George.</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>9</i>	Day <i>14</i>	Age <i>60</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White.</i>		Birth- place <i>Fingert Co. Va.</i>				
Occupation <i>Housewife.</i>			Where Residing if not at place of death <i>Laurel Md.</i>				
Married, Single or Widowed <i>Married.</i>		Name of Wife or Husband <i>John. P. Duwall.</i>					
Father's Name <i>Mr. Brown.</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving In formation <i>Bey. Duwall.</i>		How related to deceased <i>Son.</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paresis</i>	How long <i>11 Mo</i>
Immediate <i>Paralysis</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Hunt</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>No</i>	



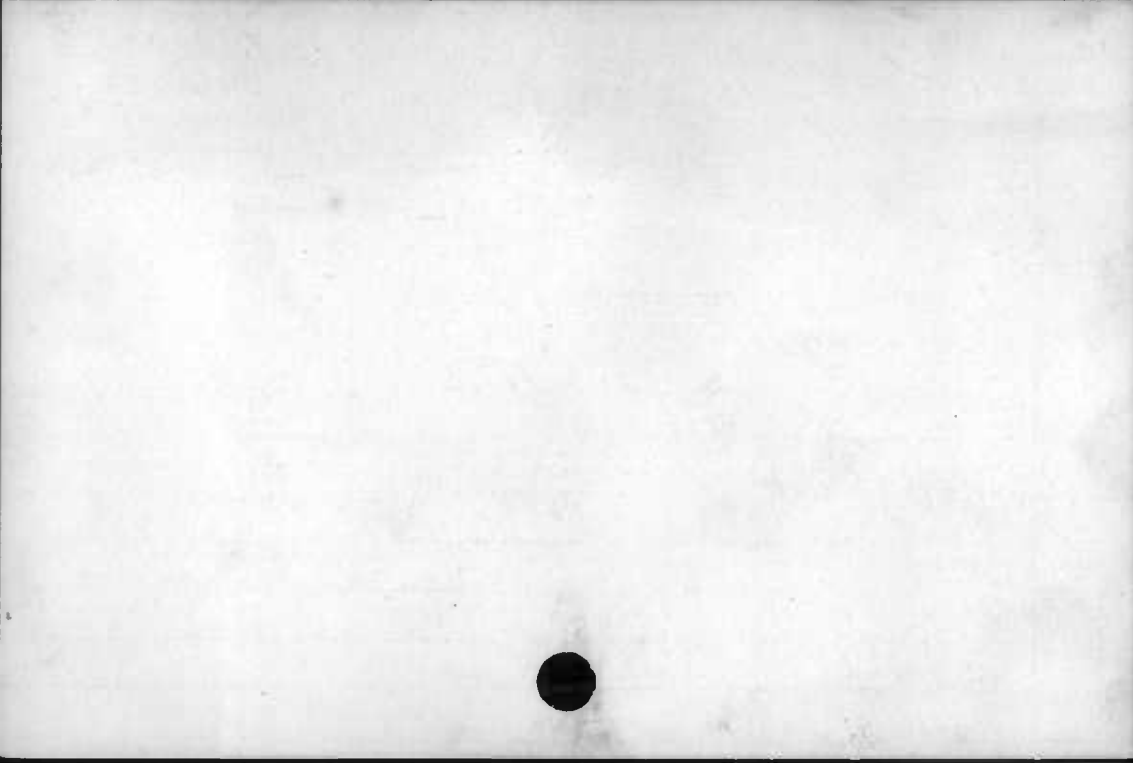
Name  
in  
Fullno 2  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dickrort</i> Town		<i>P.S.</i> County		MARYLAND	
Date of death <i>1908 Sept</i> Month		<i>20</i> Day	Age <i>-</i> Years	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dickrort P.S.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Jas M. Hard</i>	Father's Birthplace <i>Washington D.C.</i>				
Mother's Maiden Name <i>Sophie M. Paterson</i>	Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving information <i>Jas M. Hard</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

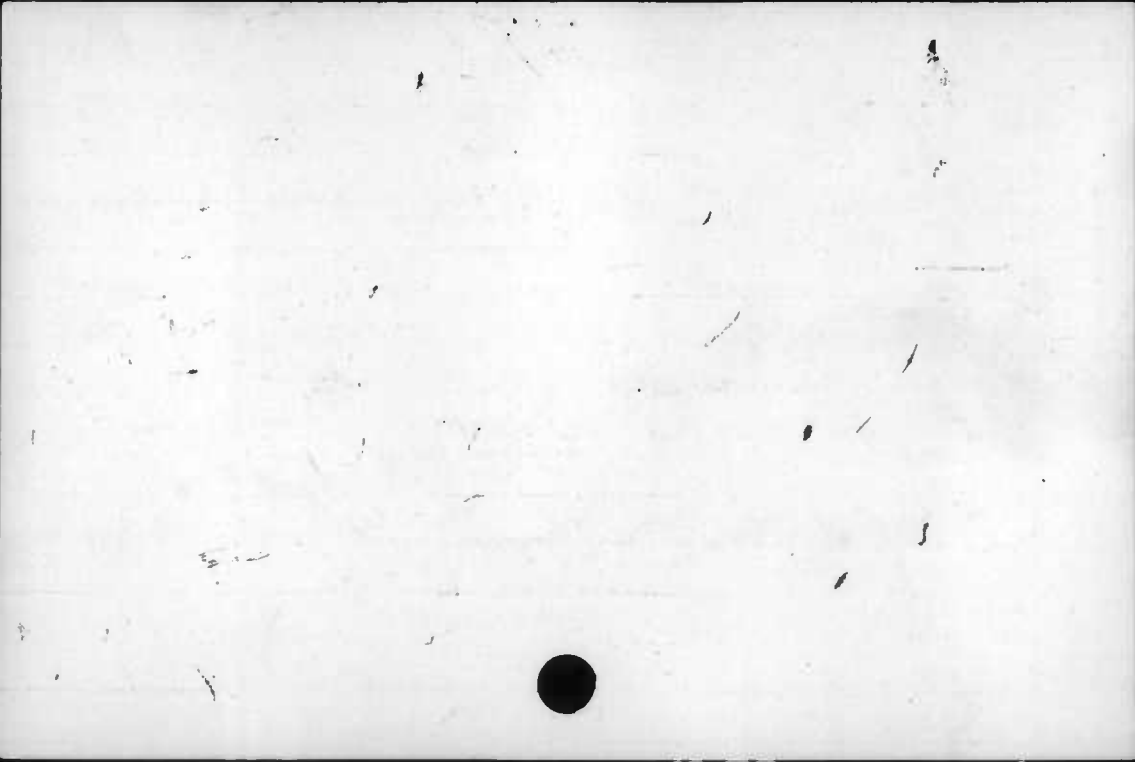
PHYSICIAN  
OR CORONER

Primary <i>Liver Cancer</i>	How long <i>-</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas M. Hard</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



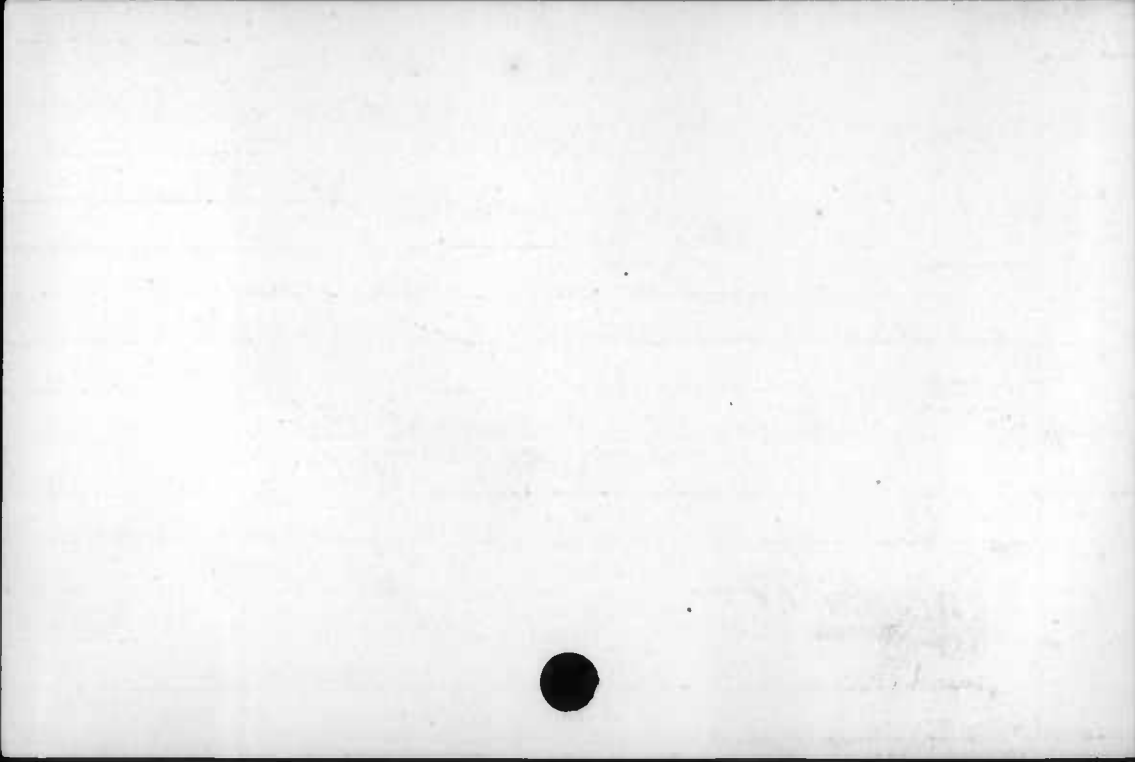


Name in Full		George W. Forrest.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Shenandoah Town		Pr Geo. County		MARYLAND	
	Date of death	1908	Month 9	Day 13	Age 51	Years	Months
	Sex	male		Color or Race	colored		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Md	
	Married, Single or Widowed	Single		Name of Wife or Husband		Emma Johnson Forrest.	
	Father's Name	Nathaniel Forrest.		Father's Birthplace		Md.	
	Mother's Maiden Name	Lucy Dorsey		Mother's Birthplace		Md.	
Name of person giving information	Emma Forrest.		How related to deceased		Wife		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fatty Heart				How long	3 weeks
	Immediate	congestive chill				How long	immediate
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				E. P. Simpson M.D.		
	Address				Roscraft. Md.		
Accident or Suicide?							



Name in Full		Rebekah Gant				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosecroft		Pr. Lee		MARYLAND	
	Date of death	1908	Month 9	Day 17	Age 103	Months —	Days —
	Sex	Female		Color or Race	Coloured	Birth-place	Md.
	Occupation	House w.		Where Residing if not at place of death —			
	<del>Married</del> or Widowed			Name of Wife or Husband	Late. Daniel Gant		
	Father's Name	Unkin		Father's Birthplace	South Carolina		
	Mother's Maiden Name	Unkin		Mother's Birthplace	South Carolina		
Name of person giving information	Daniel Gant		How related to deceased	Grandson			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Diarrhoea				How long	Several days
	Immediate	Exhaustion of vital force				How long	—
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
					Rosecroft Md.		
Accident or Suicide?							

106



Name  
in  
Full

Alexandra Hamilton Grimes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Oxen Hill* <sup>Town</sup> *Pr Geo* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *9* <sup>Day</sup> *4* <sup>Years</sup> *69* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *Home*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Nancy Grimes*

Father's Name *Unobtainable* Father's Birthplace *D.K.*

Mother's Maiden Name *—* Mother's Birthplace *D.K.*

Name of person giving information *Ray Grimes* How related to deceased *Son*

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary *Alcoholism chronic* How long *Life*

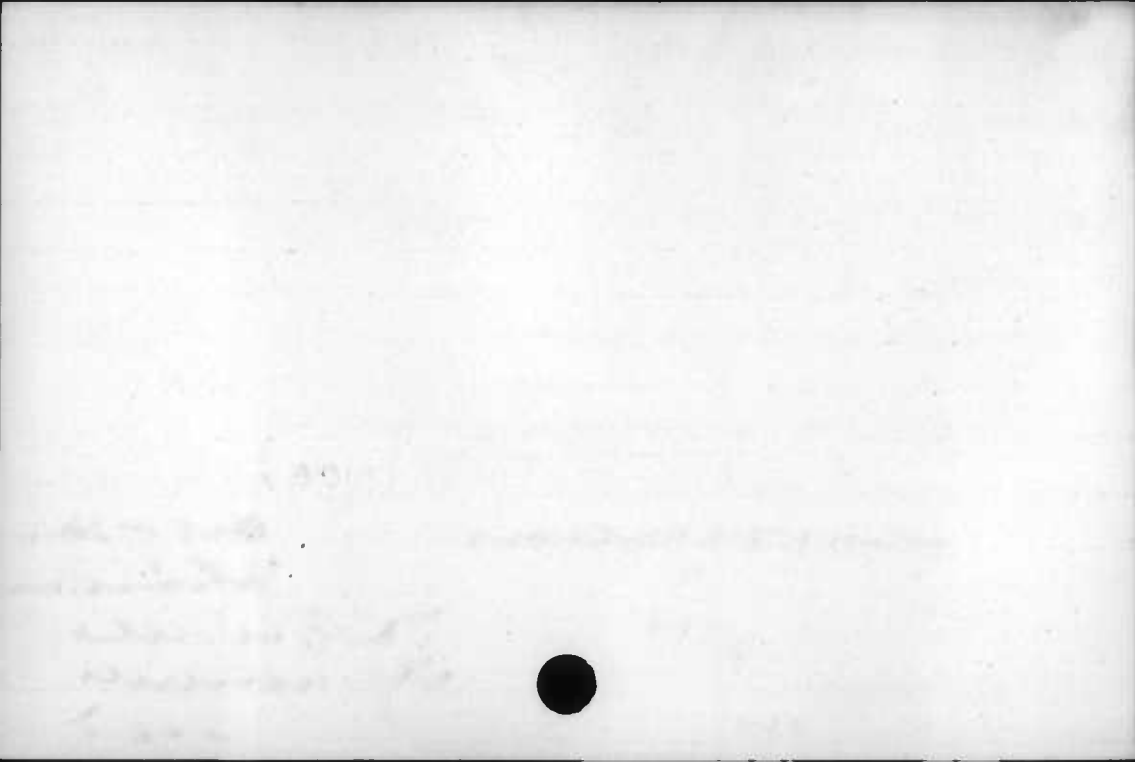
Immediate *Vomiting + Exhaustion* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. P. Simpson*

Address *Rosecroft Md.*

Accident or Suicide? *—*



Name in Full		Mr. L. H. Hagans				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Riverdale		Prince George		MARYLAND	
	Date of death	1908	Sept	9	Age	52	Months — Days —
	Sex	male		Color or Race	white		Birth-place
	Occupation	Commercial trader		Where Residing if not at place of death			
	Married, Single or Widowed	single		Name of Wife or Husband			
	Father's Name	George M. Hagans				Father's Birthplace	W. Va.
	Mother's Maiden Name	Jane S. Lowry				Mother's Birthplace	W. Va.
Name of person giving information	Harriet J. Hagans				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	tuberculosis				How long	one year
	Immediate	"				How long	48 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		no		Hyattsville		

col J. L.

Mrs H. J. Haynes

4.20 o'clock.



Name  
in  
Full

26 L. D. Hamilton

## CERTIFICATE OF DEATH

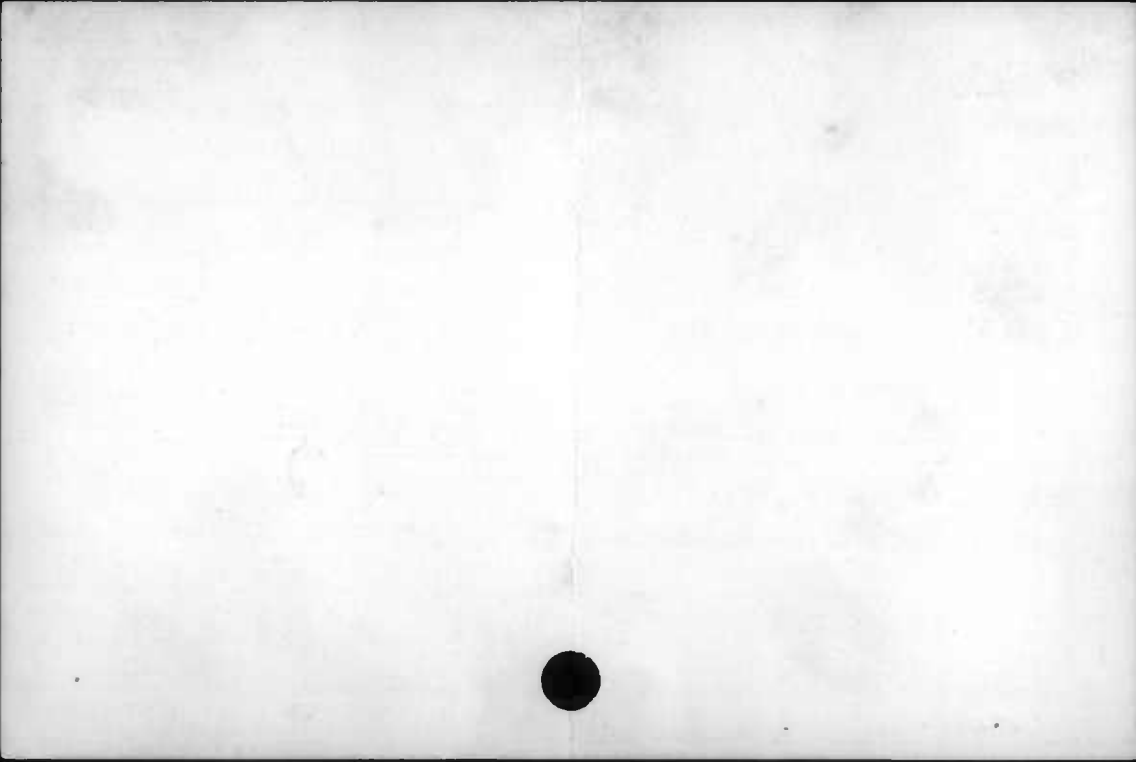
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Sept-	12	Age	25-		
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	Harmon		Where Residing if not at place of death		Prince George County		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Samuel A. Hamilton			Father's Birthplace	
Mother's Maiden Name			Augusta Duvall			Mother's Birthplace	
Name of person giving information			Samuel A. Hamilton			How related to deceased	
			Father				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Syphilitic Fever	How long	3 weeks
Immediate	Perforation	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Macham Caswood	
		Address	
		West River	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>less</i>		Town <i>Rosecroft</i>		County <i>Pr Geo</i>		MAYLAND	
Died at		Month <i>9</i>		Day <i>17</i>		Years <i>—</i>	
Date of death <i>1908</i>		Age <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>George B. Hatton</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Rosa Brown</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Geo. B. Hatton</i>				How related to deceased <i>Father</i>			

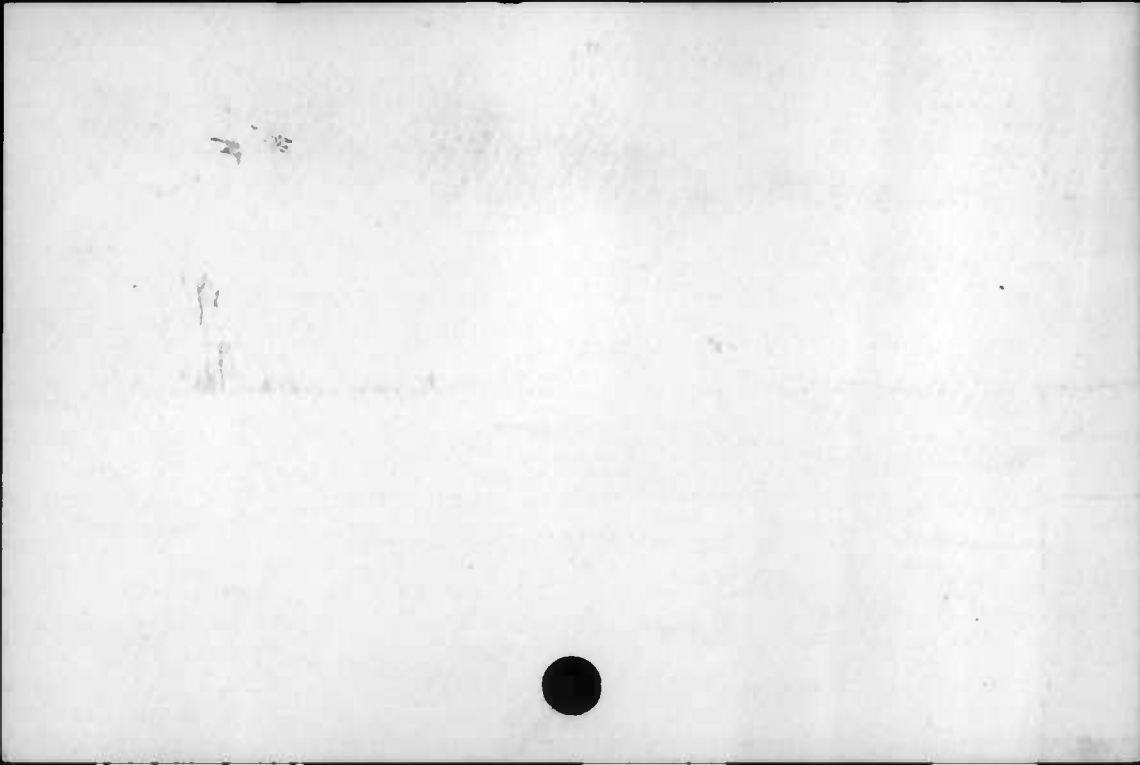
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	<b>(S)</b>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. P. Simpson MD</i>	
		Address <i>Rosecroft Md.</i>	
Accident or Suicide?			



Name in Full <b>Sophia Hatton</b>		Town <b>Pinebluff</b>		County <b>Pr Geo</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>Sept -</b>		Day <b>3<sup>rd</sup></b>		Years <b>48</b>		Months <b></b>	
Sex <b>female</b>		Color or Race <b>white</b>		Birth-place <b>md</b>		Days <b></b>	
Occupation <b>Housewife</b>		Where Residing if not at place of death <b></b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>J. William F. Hatton</b>					
Father's Name <b>Philip Edelen</b>		Father's Birthplace <b>Me</b>					
Mother's Maiden Name <b>Fanny Steed</b>		Mother's Birthplace <b>Va</b>					
Name of person giving information <b>James Edelen</b>		How related to deceased <b>Nephew</b>					
CAUSES OF DEATH							
Primary <b>Chronic atrophic Gastritis</b>		How long <b>4 months</b>					
Immediate <b>acute inflammation &amp; Heart-failure</b>		How long <b>24 hours</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>John A. Coe</b>					
Address <b>J.B.</b>		Address <b>md</b>					
Accident or Suicide? <b></b>		Accident or Suicide? <b></b>					



Name in Full <b>Benson L Hawkins</b>		CERTIFICATE OF DEATH	
Died at <b>Bowin</b> <sup>Town</sup>		<b>Prince Geo</b> <sup>County</sup>	
Date of death <b>1908</b> <sup>Month</sup>		<b>25</b> <sup>Day</sup> <b>8</b> <sup>Years</sup> <b>8</b> <sup>Months</sup> <b>—</b> <sup>Days</sup>	
Sex <b>Male</b>		Color or Race <b>Negro</b>	
Occupation <b>None</b>		Birth-place <b>Bowin Md</b>	
Where Residing if not at place of death <b>Bowin</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>R Hawkins</b>	
Father's Name <b>R L Hawkins</b>		Father's Birthplace <b>Kalls Md</b>	
Mother's Maiden Name <b>Rachel Brandford</b>		Mother's Birthplace <b>Tadobsville Md</b>	
Name of person giving information <b>R Hawkins</b>		How related to deceased	
CAUSES OF DEATH			
Primary <b>Dry Scenery</b>		<b>14</b> <sup>How long</sup>	
Immediate <b>As</b>		<b>Since Birth</b> <sup>How long</sup>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>R L Mullikin</b>	
		Address <b>See for Md</b>	
Accident or Suicide?		<b>Acting Coroner</b>	

Dear Mr. [unclear]

Collegiate

Have the man to bring the  
Card to me with information  
written and signed by you.

W. A. R.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Silver Hill</i> Town <i>Hill</i> County <i>Per 210</i>		MARYLAND	
Date of death	1908	Month	9
Day	4	Age	—
Sex	male	Color or Race	white
Occupation	—	Birth-place	Md.
Where Residing If not at place of death		Home	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name		Edward L. Hill	
Mother's Maiden Name		Fannie Blubb	
Name of person giving information		Edward L. Hill	
Father's Birthplace		Md.	
Mother's Birthplace		Md.	
How related to deceased		Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long	—
Immediate	Underdeveloped vitality	How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. P. Simpson M.D.	
Address		Roscroft Md.	
Accident or Suicide?			



Name  
in  
Full

Mary (Edelen) Hunter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

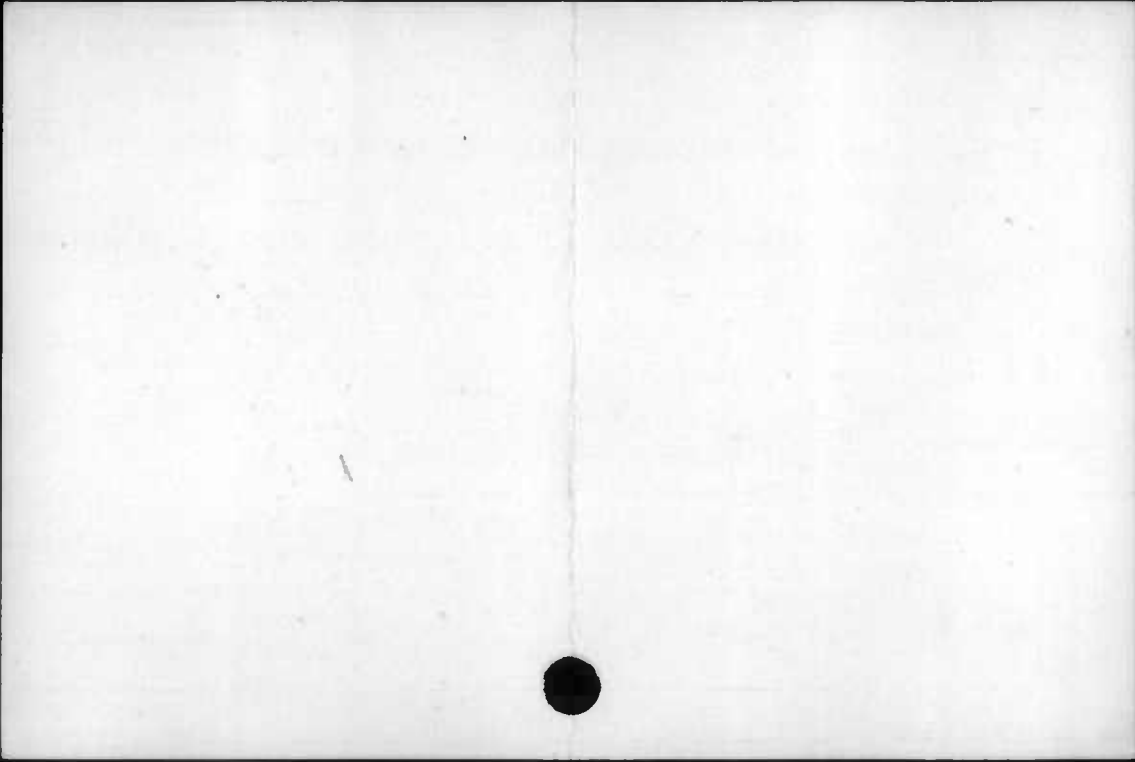
Died at <u>Clinton</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Apr</u>	Day <u>19</u>	Years <u>84</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>no occupation</u>	Where Residing if not at place of death <u>At home</u>				
<del>Married</del> Single or Widowed	Name of Wife or Husband <u>Joseph Hunter</u>				
Father's Name <u>Bru. Edelen I think</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mary Edelen</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Jas. F. Walters</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <u>Embolus (of stomach)</u>	How long <u>2 minutes</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. F. Walters</u>
	Address <u>Clinton</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

Ellen Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crofton</i> Town <i>Pr Geo</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>24</i>	Years <i>10</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>md</i>	Days .
Occupation <i>none</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>single</i>	Name of Wife or Husband		
Father's Name <i>Thomas Johnson</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mary Spencer</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Thomas Johnson</i>	How related to deceased <i>father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Acute Colicitis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Crofton md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *New Up. Marlboro* <sup>Town</sup> *P. Geo* <sup>County</sup>Date of death *1908* <sup>Month</sup> *9* <sup>Day</sup> *14* <sup>Years</sup> *Age* *26* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *md*Occupation *Farmer* Where Residing if not at place of death *- - -*Married, Single or Widowed *Single* Name of Wife or Husband *- - -*Father's Name *William H. Kidwell* Father's Birthplace *md*Mother's Maiden Name *Julian D. Carter* Mother's Birthplace *md*Name of person giving information *William H. Kidwell* How related to deceased *Father*

## CAUSES OF DEATH

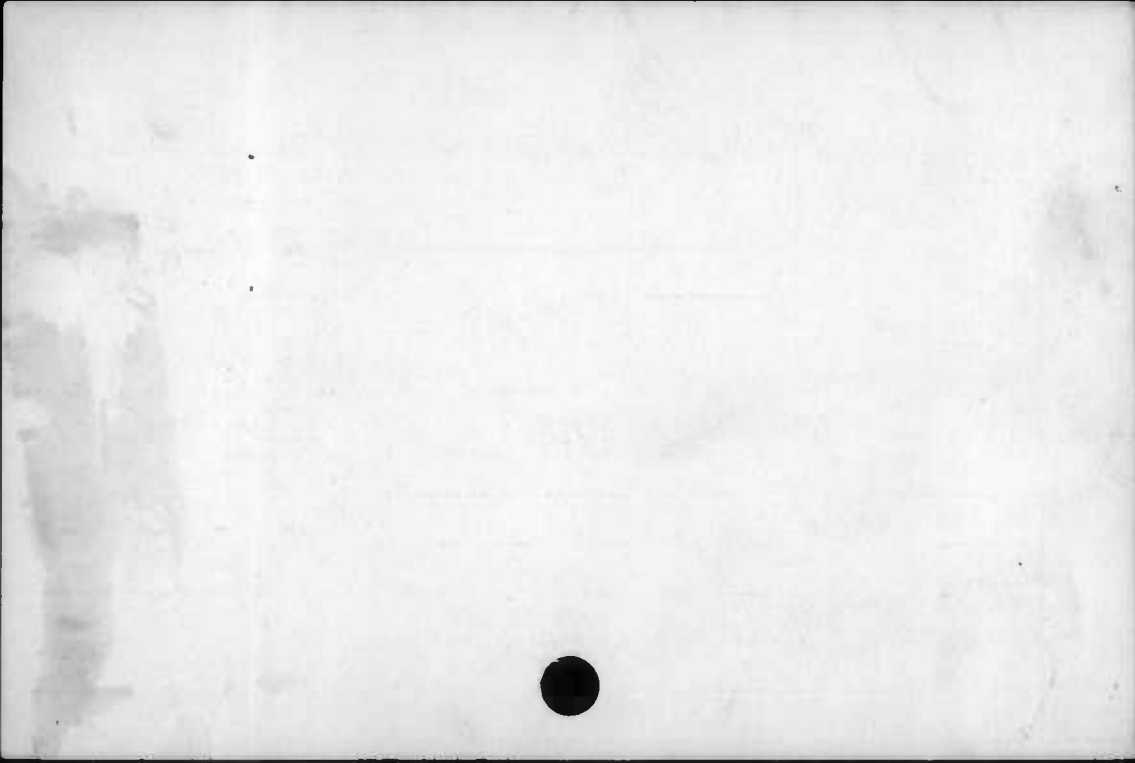
1

Primary *Typhoid fever* How long *10 dys*Immediate *Intestinal hemorrhage* How long *6 hrs*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?





Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

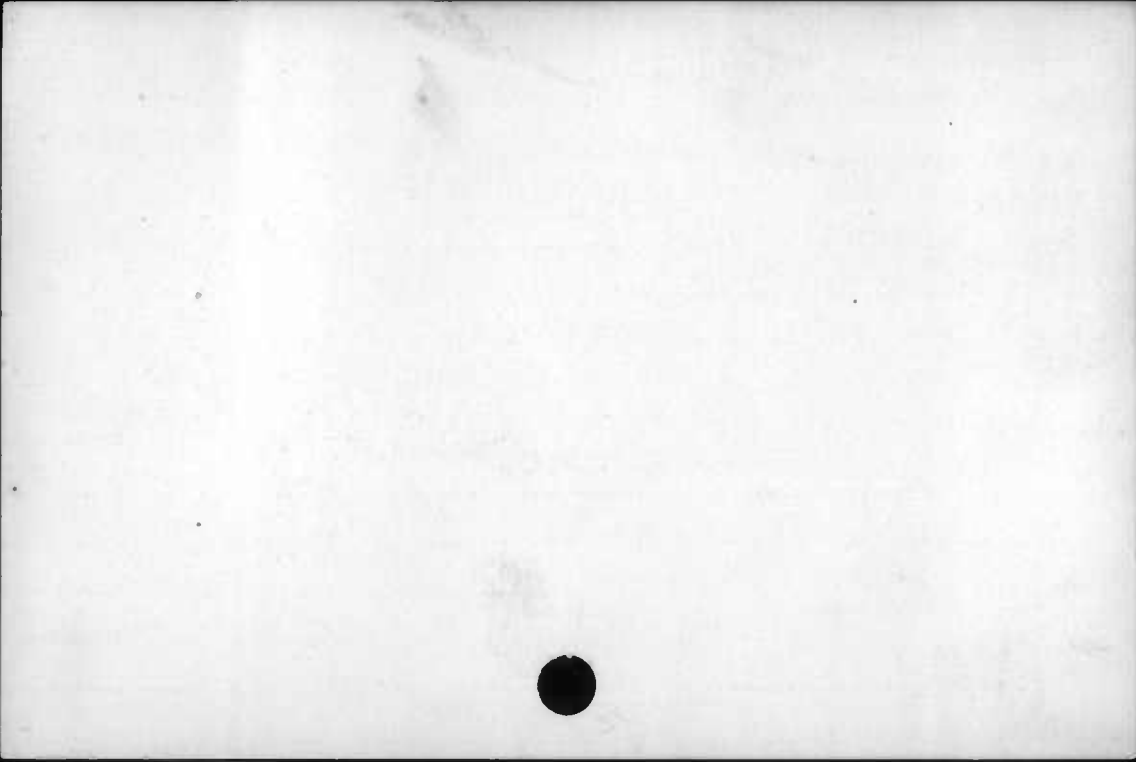
Died at		Town <i>Hyattsville</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death	1909	Month	Sept	Day	12	Age	Years
Sex		Female		Color or Race		White	
Occupation				Birth-place		<i>Hyattsville</i>	
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		<i>Geo H Lanhardt</i>		Father's Birthplace		<i>D. C.</i>	
Mother's Maiden Name		<i>Mary E Heider</i>		Mother's Birthplace		<i>D. C.</i>	
Name of person giving information		<i>Geo H Lanhardt</i>		How related to deceased			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Lobar Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Aschemia</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Thos E Latimer</i>	
		Address	
		<i>Hyattsville</i>	
Accident or Suicide?			



Name  
in  
Full

*Raymond Moore*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

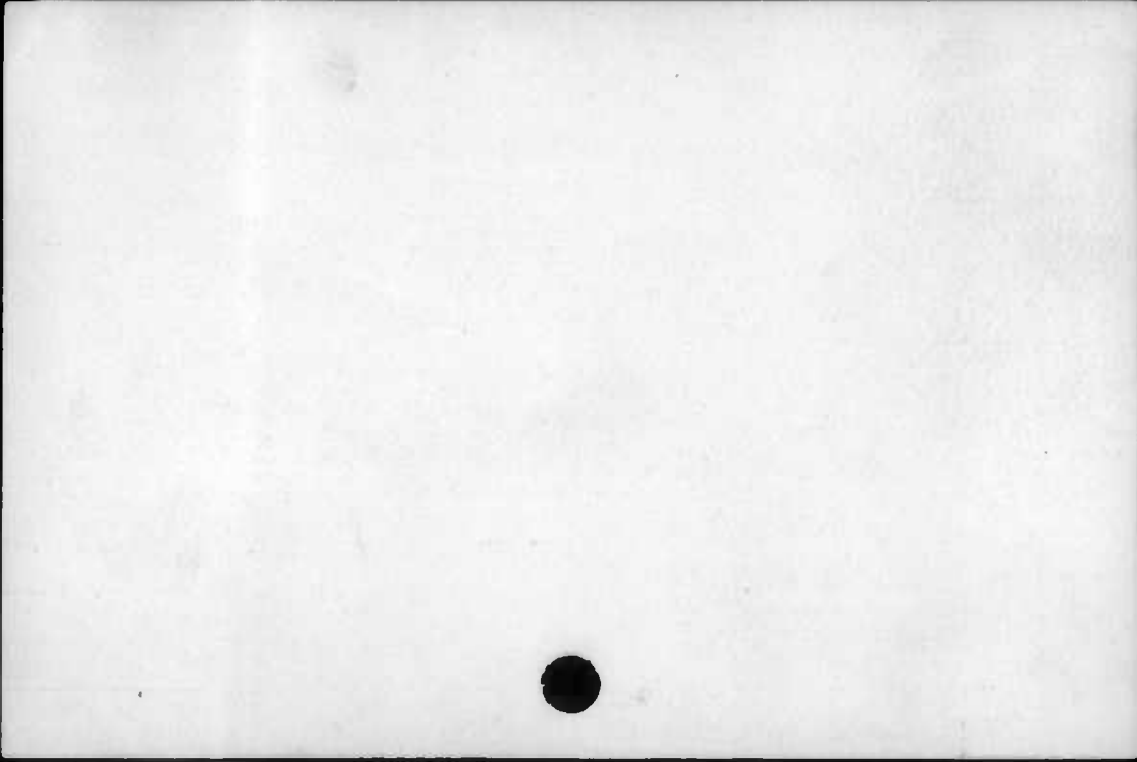
Died at <i>Switland</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1908</i> Year	<i>Sept</i> Month	<i>16</i> Day	<i>3</i> Months	<i>10</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>None</i>				
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>A. C. Moore</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Lillian Allen</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>A. C. Moore</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 months</i>
Immediate	<i>collapse</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John E. Sarobny, Jr.</i>
Address	<i>Forestville, Md.</i>		
Accident or Suicide?	<i>neither</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

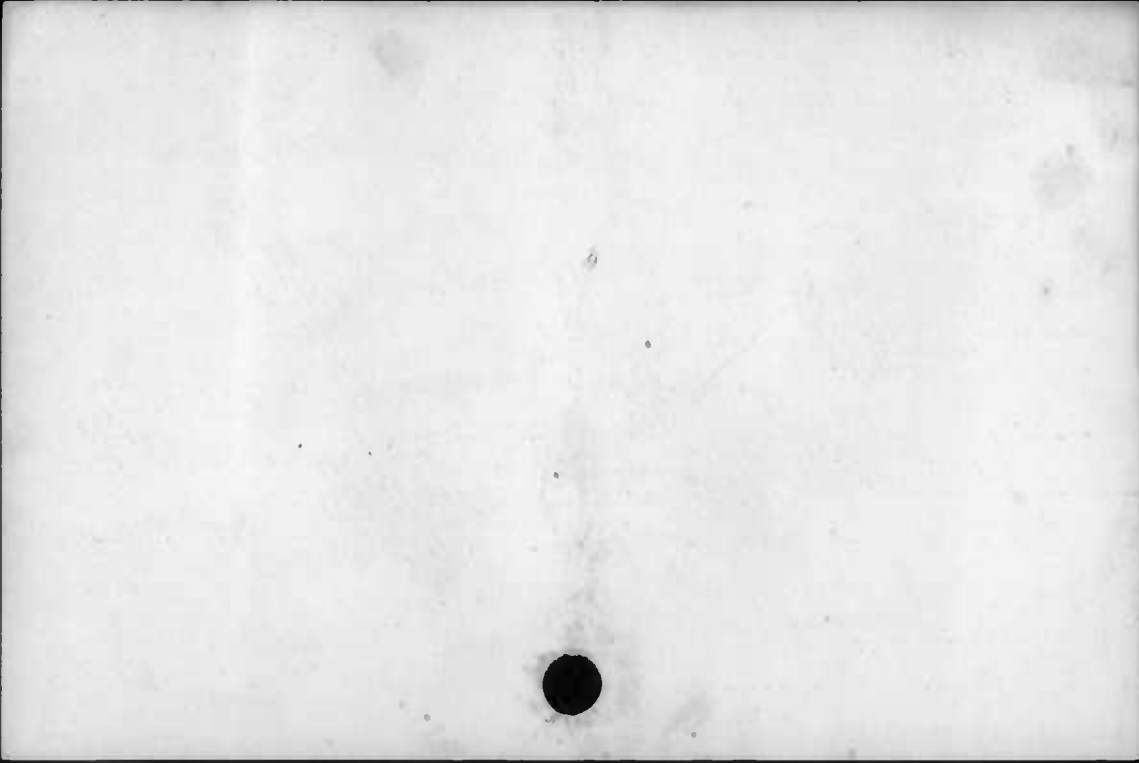
Name in Full <b>Janie Pinkney</b>		Town <b>near Piscataway P. L.</b>		County		MARYLAND	
Died at		Date of death		Age		Months Days	
1908		Sept 10		30			
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Ind</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>At home</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>A. Pinkney</b>					
Father's Name <b>Joe Duckett</b>		Father's Birthplace <b>Ind</b>					
Mother's Maiden Name <b>Clarassa Duckett</b>		Mother's Birthplace <b>Ind</b>					
Name of person giving information <b>A. Pinkney</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

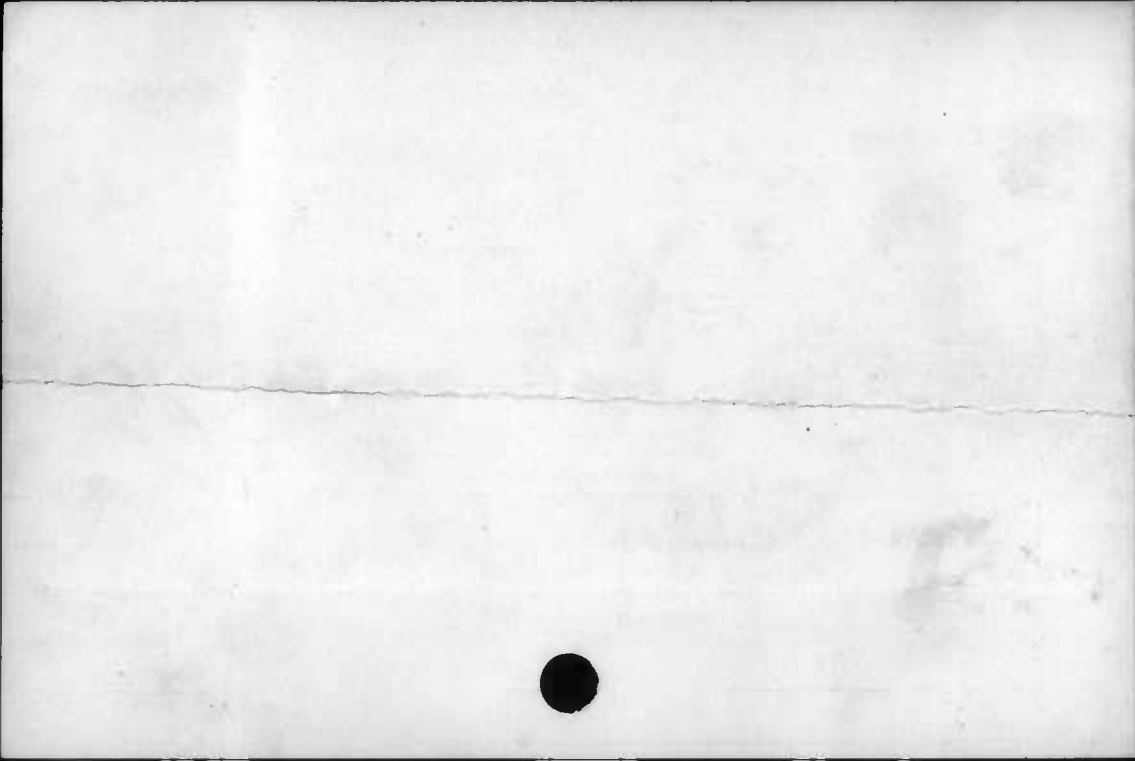
79

PHYSICIAN  
OR CORONER

Primary <b>Angiocarditis</b>	How long <b>Short while</b>
Immediate <b>Exhaustion</b>	How long <b>" "</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>G. O. Monroe</b>
	Address <b>Waldorf Ind</b>
Accident or Suicide? <b>No</b>	



Name in Full		Mary Meade Raborg				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Twinbrook Ind Prince Geo Co		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1908		Sept	28	Age	39	
		Sex		Color or Race		Birth-place		
		Female		White		Twinbrook Ind		
		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Married		William A Raborg				
		Father's Name		Father's Birthplace				
		Lunt Meade		N. York				
		Mother's Maiden Name		Mother's Birthplace				
		Miss Cole		N. H.				
		Name of person giving information		How related to deceased				
		Josephine Elliott		Nephew				
		CAUSES OF DEATH		(27)				
PHYSICIAN OR CORONER		Primary		How long				
		Tuber colosis		Doubt Known				
		Immediate		How long				
		Was acid when I saw her						
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Doubtful		C. A. Fox				
		Address						
		Bureau road						
		Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Northkeys</i> <sup>Town</sup>		County <i>Prince George</i>		MARYLAND	
Date of death <i>1908</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>26</i> <sup>Years</sup> <i>Age</i> <sup>Months</sup> <i>Days</i>					
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Northkeys, Md</i>	
Occupation <i>_____</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>John P. Rawlings</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Cora Kidwell</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John P. Rawlings</i>		How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	<i>S</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ernest W. Garner</i>	
		Address <i>Act' Coroner</i>	
Accident or Suicide? <i>_____</i>		<i>Northkeys, Md.</i>	



Name  
in  
Full

Laura Schroeder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Laurel		County Pr Geo		MARYLAND	
Date of death		1908	Month Sept.	Day 30	Age	Years	Months 1
Sex		Female		Color or Race		white	
Occupation		Infant		Birth-place		Md	
Where Residing if not at place of death							
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name		Albert F. Schroeder				Father's Birthplace	
Mother's Maiden Name		Anna Neumann				Mother's Birthplace	
Name of person giving information		Albert F. Schroeder				How related to deceased	
						Father.	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enteritis	How long	14 days.
Immediate	Intestinal Hemorrhage	How long	2nd day.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. R. Hunt M.D.	
		Address	
		Laurel	
Accident or Suicide?			

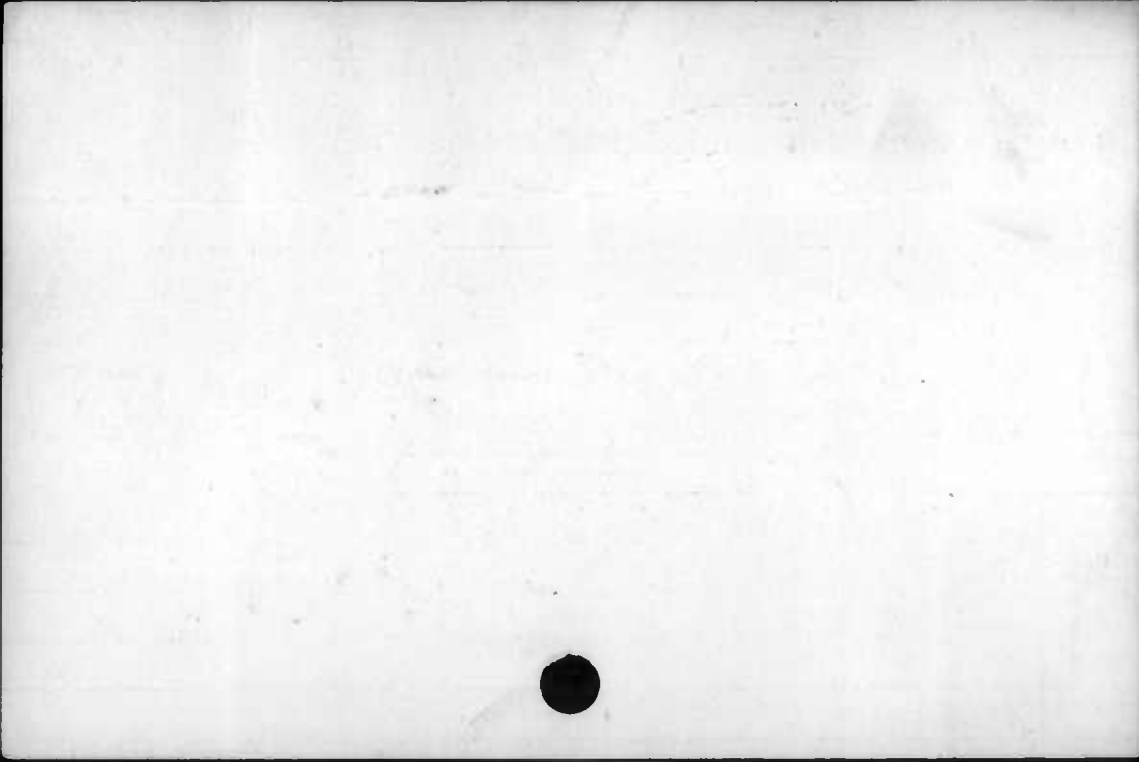


Name in Full <b>Mrs. Almira Sherman</b>		CERTIFICATE OF DEATH	
Died at <b>Hyattsville</b> <small>Town</small>		<b>Prince Georges</b> <small>County</small>	
Date of death <b>1908 September 26</b> <small>Month Day</small>		<b>Age 81</b> <small>Years</small>	
<b>Sex Female</b>		<b>Color or Race White</b>	
<b>Occupation None</b>		<b>Birth place Dutchess Co N.Y.</b>	
<b>Where Residing if not at place of death</b>			
<b>Married, Single or Widowed Widowed</b>		<b>Name of Wife or Husband Isaac G. Sherman</b>	
<b>Father's Name John Edmunds</b>		<b>Father's Birthplace New York</b>	
<b>Mother's Maiden Name Leah Doty</b>		<b>Mother's Birthplace New York</b>	
<b>Name of person giving information W. W. Van Loan</b>		<b>How related to deceased Son-in-law</b>	
<b>CAUSES OF DEATH</b>			
<b>Primary</b>		<b>How long</b>	
<b>Cardiac neurosis &amp; myocarditis</b>		<b>Several years</b>	
<b>Immediate</b>		<b>How long</b>	
<b>Indigestion acute &amp; Cardiac atherosis</b>		<b>2 hours</b>	
<b>Are the name, age, sex, color, date and place correctly given above?</b>		<b>Signature of Physician</b>	
<b>yes</b>		<b>Thos. A. Palmer M.D.</b>	
		<b>Address</b>	
		<b>Hyattsville</b>	
<b>Accident or Suicide?</b>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

79



Name  
in  
Full

William Singleton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

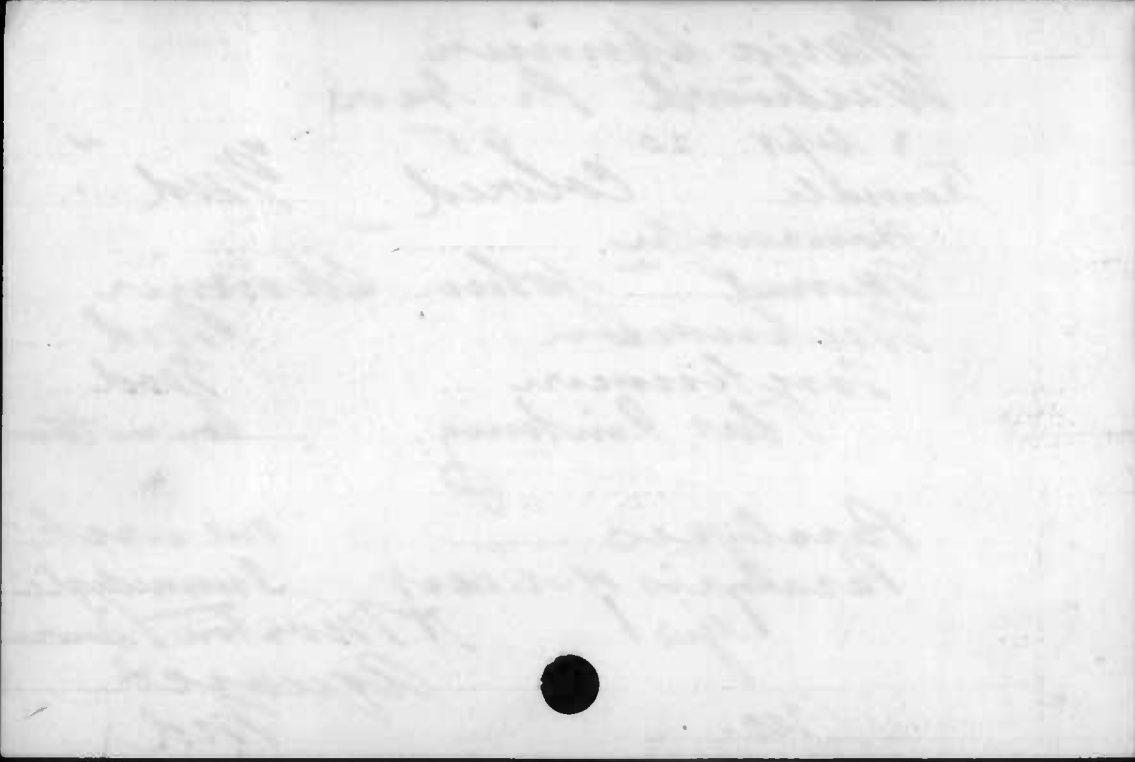
Died at <u>Canton</u> Town		<u>P. 540</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Sept</u>	Day	<u>22</u>
Age		<u>68</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Virginia</u>
Occupation	<u>Laborer</u>	Where Residing if not at place of death		<u>Canton</u>	
Married, Single or Widowed	<u>Yes</u>	Name of Wife or Husband <u>Julia Singleton</u>			
Father's Name	<u>Unknown</u>	Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name	<u>Unknown</u>	Mother's Birthplace <u>Unknown</u>			
Name of person giving information	<u>William Singleton</u>	How related to deceased		<u>Nephew</u>	

## CAUSES OF DEATH

79

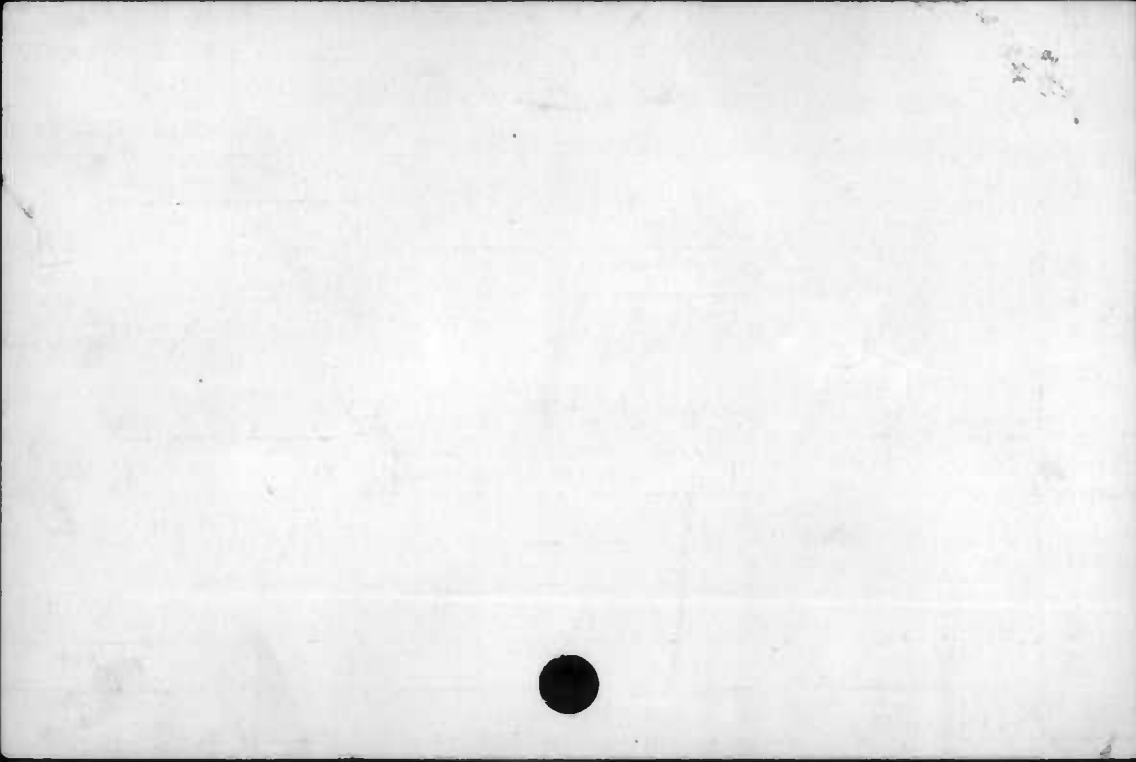
PHYSICIAN  
OR CORONER

Primary	<u>Valvular Heart Disease</u>	How long	<u>7 yrs</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>Suddenly</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. F. Taylor M.D.</u>	
<u>Yes</u>		Address <u>Laurel Md</u>	
Accident or Suicide?			

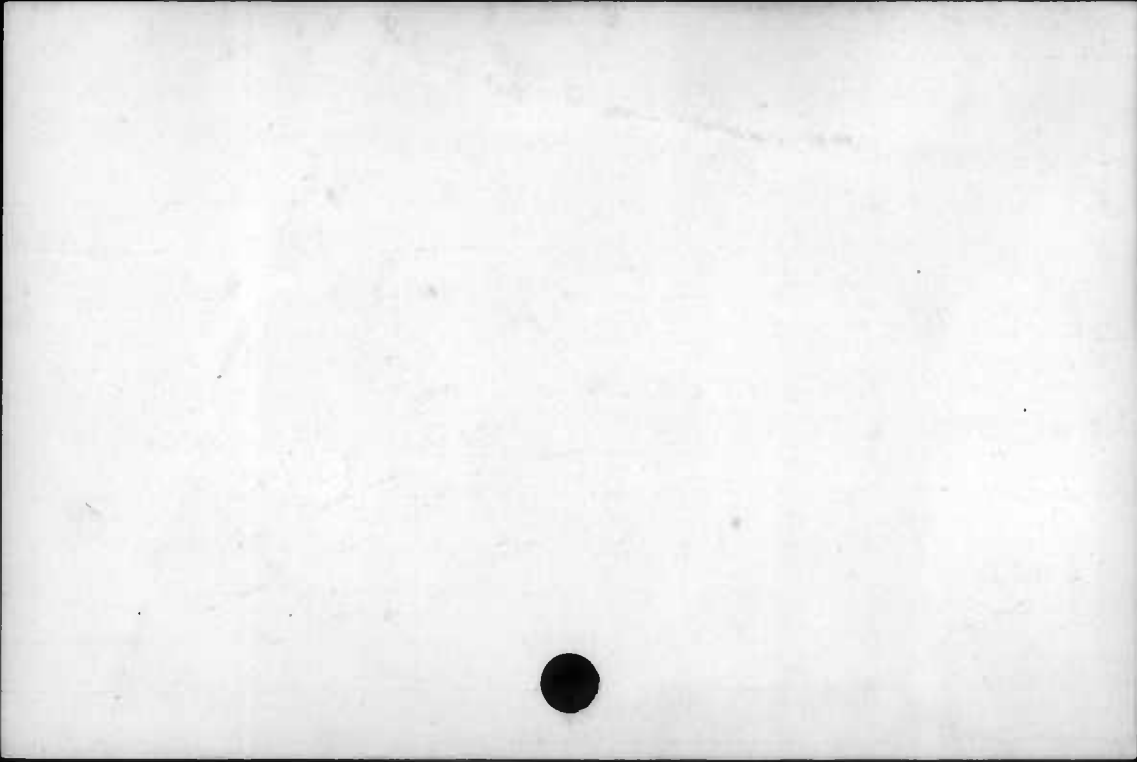




Name in Full		Maria Skinner				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Wheatwood Pr Geo		MARYLAND			
		Date of death		1906	Sept	20	Age	65	
		Sex		Female	Color or Race		Colored	Birth-place	Ind
		Occupation		Housewife		Where Residing if not at place of death			
		Married, Single or Widowed		Married	Name of Wife or Husband		John Skinner		
Father's Name		Unknown				Father's Birthplace		Ind	
Mother's Maiden Name		Unknown				Mother's Birthplace		Ind	
Name of person giving information		Thos Pinkney				How related to deceased		Son in law	
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Paralysis		How long		one week	
		Immediate		Paralysis of heart		How long		Immediate	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. M. F. Jones	
		Address		Aguas		Ind			
		Accident or Suicide?		No.					



Name in Full		Mary Stephenson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Seat Pleasant		County Prince George		MARYLAND	
	Date of death	1908	Month Sept	Day 20	Age 24	Years —	Months —
	Sex	Female		Color or Race	Black		Birth-place
	Occupation	Housework		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Daniel Stephenson			
	Father's Name	Charles Cauphor				Father's Birthplace	Md
	Mother's Maiden Name	Unknown				Mother's Birthplace	Md
	Name of person giving information	Daniel Stephenson				How related to deceased	Husband
CAUSES OF DEATH						(27)	
PHYSICIAN OR CORONER	Primary	aculi-tuberculous				How long	6 months
	Immediate	asthenia				How long	48 hrs.
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	John E. Sansbury	
	Address		Frostville		Md		
Accident or Suicide?		Neither					



Name  
in  
Full

Agnes Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chesapeake Junction		County Prince George		MARYLAND	
Date of death	1908	Month Sept	Day 8 <sup>th</sup>	Age Years	15	Months	6
Sex	female		Color or Race	Colored		Birth- place	Maryland
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Joseph Stewart					Father's Birthplace	md
Mother's Maiden Name	Marie Douglass					Mother's Birthplace	md
Name of person giving In formation	Elizabeth Stewart					How related to deceased	step mother

## CAUSES OF DEATH

130

PHYSICIAN  
OR CORONER

Primary	Natural Causes	How long	one week
Immediate	Died from a cold contracted during march	How long	one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Augustus H Dahler D.P.
		Address	Bladensburg Md Acting Coroner
Accident or Suicide?			

No 27

Name in Full		Thompson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		1908		Sept	
		Month		12		Day	
		Age		Years		Months	
		Sex		female		Color or Race	
		Occupation		white		Birth-place	
		Where Residing if not at place of death		me		15 hours	
Married, Single or Widowed		Single		Name of Wife or Husband		me	
Father's Name		Geo. V. Thompson		Father's Birthplace		me	
Mother's Maiden Name		Bessie G. Ward		Mother's Birthplace		me	
Name of person giving information		G. V. Thompson		How related to deceased		father	
		CAUSES OF DEATH		150			
PHYSICIAN OR CORONER		Primary		Congenital Heart Disease		How long	
		Immediate				15 hours	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
		Address		John A. Roe		me	
		Accident or Suicide?				me	





Name  
in  
Full

Elbert Inez Tolson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

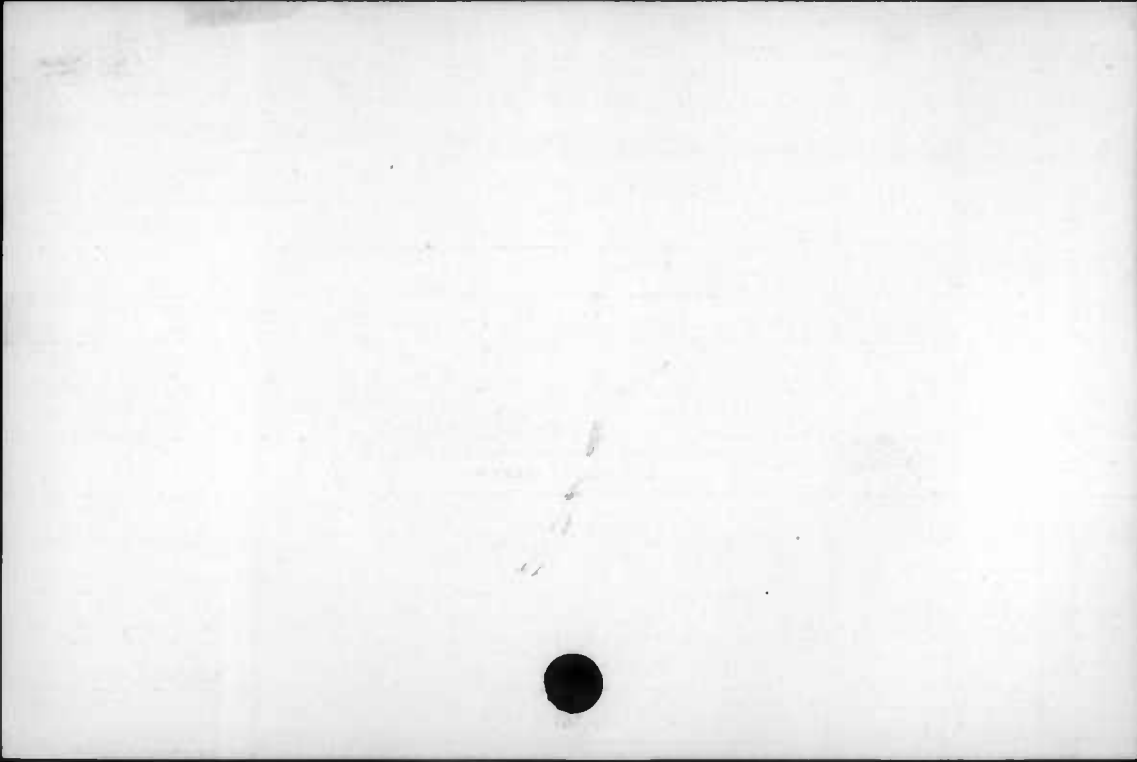
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Apr	30	Age	7		
Sex	Female	Color or Race	Blk	Birth-place	A Geo Co. Md		
Occupation	—			Where Residing if not at place of death	—		
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	William H Tolson			Father's Birthplace	A Geo Co Md		
Mother's Maiden Name	Julia Dyer			Mother's Birthplace	" " "		
Name of person giving information	William H Tolson			How related to deceased	Father		

## CAUSES OF DEATH

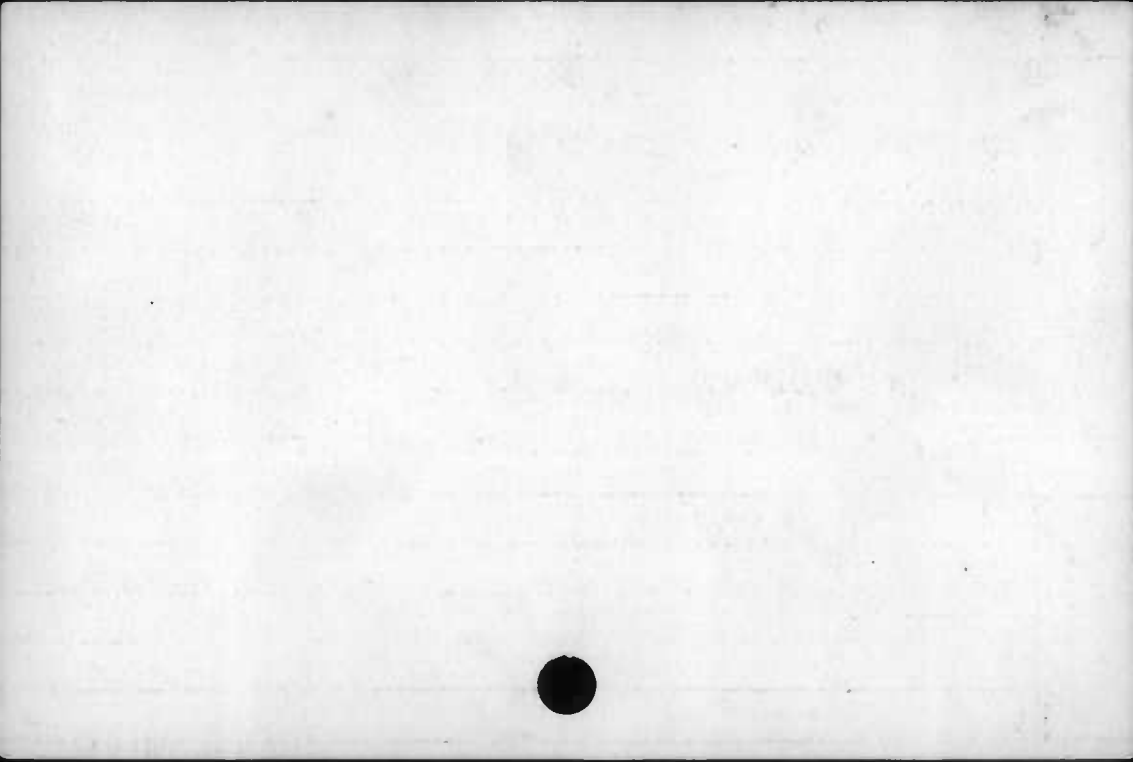
①

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever =		How long	3 wks.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	M. H. Tolson		Signature of Physician	Dr. Giffith
			Address	Upper Marlboro, Md
Accident or Suicide?	No			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hyattsville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>	
		Date of death <i>1908 Sepember 27</i>		Age <i>—</i> <small>Years</small>	
		<i>Female</i> <small>Sex</small>		<i>White</i> <small>Color or Race</small>	
		<i>Washington</i> <small>Birth-place</small>		<i>7</i> <small>Months</small>	
		<i>4</i> <small>Days</small>			
		<i>Occupation</i>		<i>Where Residing if not at place of death</i>	
		<i>Single</i> <small>Married, Single or Widowed</small>		<i>Miss Lula Waller</i> <small>Name of Wife or Husband</small>	
<i>Embarrassed</i> <small>Father's Name</small>		<i>Spottsylvania</i> <small>Father's Birthplace</small>			
<i>Marywa Hicks</i> <small>Mother's Maiden Name</small>		<i>Spottsylvania</i> <small>Mother's Birthplace</small>			
<i>Mrs J. R. England</i> <small>Name of person giving information</small>		<i>Daughter</i> <small>How related to deceased</small>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		<i>Primary: Epidemic Cerebro Spinal Meningitis</i>		<i>61</i> <small>How long</small>	
		<i>asthenia</i> <small>Immediate</small>		<i>3 days</i> <small>How long</small>	
		<i>Are the name, age, sex, color, date and place correctly given above?</i>		<i>Thos L. Babiner M.D.</i> <small>Signature of Physician</small>	
		<i>9</i> <small>Accident or Suicide?</small>		<i>Hyattsville Md.</i> <small>Address</small>	



Name  
in  
Full

Ethel T. Webster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Camp Springs</u>		Town <u>Pr Geo.</u>		County		MARYLAND	
Date of death <u>1908</u>		Month <u>9</u>	Day <u>15</u>	Age <u>61</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>				
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>Home</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Maggie</u>					
Father's Name <u>George Webster</u>				Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Mary Palmer</u>				Mother's Birthplace <u>"</u>			
Name of person giving information <u>John Webster</u>				How related to deceased <u>Son</u>			

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	<u>Degeneration of Nervous System</u>	How long	<u>1 yr</u>
Immediate	<u>Exhaustion</u>	How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. P. Simpson M.D.</u>	
		Address <u>Rosecroft, Md.</u>	
Accident or Suicide? <u>No</u>			

(11)



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baer</i> Town		<i>P. G.</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>-</i>	Months <i>1</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baer Ind.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Harford M. Willett</i>	Father's Birthplace <i>Chap. Co. Ind.</i>				
Mother's Maiden Name <i>Dorothy C. Willett</i>	Mother's Birthplace <i>Chap. Co. Ind.</i>				
Name of person giving information <i>Harford M. Willett</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Acute Enteritis</i>	How long <i>6 days</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. D. O'Connell M.D.</i>
	Address <i>Springfield Ind.</i>
Accident or Suicide? <i>No</i>	

